

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000078204

**FILED  
Jul 01, 2015  
Secretary of State  
CC4746183373**

**Entity Name:** ELBRUS MANAGEMENT FOUR INC.

**Current Principal Place of Business:**

2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133

**Current Mailing Address:**

2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133 US

**FEI Number:** 47-2128768

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD  
SUITE 1600 (LAD)  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            HORWITZ, VIOLETA  
Address        2950 SW 27TH AVENUE  
                  SUITE 220  
City-State-Zip: MIAMI FL 33133

Title            PRESIDENT  
Name            PERO, ALFONSO  
Address        2950 SW 27TH AVENUE  
                  SUITE 220  
City-State-Zip: MIAMI FL 33133

Title            VP  
Name            ALLIENDE, CRISTIAN  
Address        2950 SW 27TH AVENUE  
                  SUITE 220  
City-State-Zip: MIAMI FL 33133

Title            DIRECTOR, TREASURER  
Name            SOLARI, ANDRES  
Address        2950 SW 27TH AVENUE  
                  SUITE 220  
City-State-Zip: MIAMI FL 33133

Title            SECRETARY  
Name            DE ARMAS, LUIS A.  
Address        201 SOUTH BISCAYNE BLVD  
                  SUITE 1500 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            CABELLO, EDUARDO  
Address        2950 SW 27TH AVENUE  
                  SUITE 220  
City-State-Zip: MIAMI FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS A. DE ARMAS

**SECRETARY**

**07/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date