

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000078215

**Entity Name:** ELBRUS MANAGEMENT INC.

**Current Principal Place of Business:**

2950 SW 27TH AVENUE  
SUITE 220  
MIAMI, FL 33133

**FILED**  
**Aug 07, 2015**  
**Secretary of State**  
**CC6786368427**

**Current Mailing Address:**

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

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD STE 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	Title	PRESIDENT
Name	HORWITZ, VIOLETA	Name	PERO, ALFONSO
Address	2950 SW 27TH AVENUE SUITE 220	Address	2950 SW 27TH AVENUE SUITE 220
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	VP	Title	TREASURER
Name	ALLIENDE, CRISTIAN	Name	SOLARI, ANDRES
Address	2950 SW 27TH AVENUE SUITE 220	Address	2950 SW 27TH AVENUE SUITE 220
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	SECRETARY		
Name	DE ARMAS, LUIS A.		
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**

**08/07/2015**

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

\_\_\_\_\_  
Date