

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000097145

**Entity Name:** SIMIL CONSULTING, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD - STE. 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33149 US

**FEI Number:** 47-3835289

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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 PD  
Name JACOBO RASSI, JOSE SIMON  
Address 6365 COLLINS AVENUE - APT. 1507  
City-State-Zip: MIAMI BEACH FL 33141

Title SD  
Name DIB BUFARAH, JAMIL F  
Address 10350 W. BAY HARBOR DR -PH LM  
City-State-Zip: BAY HARBOR FL 33141

Title PD  
Name JACOBO RASSI, JOSE SIMON  
Address 6365 COLLINS AVENUE - APT. 1507  
City-State-Zip: MIAMI BEACH FL 33141

Title SD  
Name DIB BUFARAH, JAMIL F  
Address 10350 W. BAY HARBOR DR -PH LM  
City-State-Zip: BAY HARBOR FL 33141

*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:** JACOBO RASSI , JOSE SIMON

PD

04/09/2018

Electronic Signature of Signing Officer/Director Detail

Date