

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P15000038721

**Entity Name:** SHOP FORMULAS INC

**Current Principal Place of Business:**

1000 BRICKELL AVE  
SUITE#715  
MIAMI, FL 33131

**FILED**  
**Jun 30, 2016**  
**Secretary of State**  
**CC2005585727**

**Current Mailing Address:**

1000 BRICKELL AVE  
SUITE#715  
MIAMI, FL 33131 US

**FEI Number:** 47-3896871

**Certificate of Status Desired:** No

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

DAY, ROBERT  
1000 BRICKELL AVE  
SUITE#715  
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 P  
Name DAY, ROBERT  
Address 1000 BRICKELL AVE  
SUITE#715  
City-State-Zip: MIAMI FL 33131

Title VP  
Name BRACA, MAURO  
Address 1000 BRICKELL AVE  
SUITE#715  
City-State-Zip: MIAMI FL 33131

Title VP  
Name IBARRA, ALEJANDRO  
Address 1000 BRICKELL AVE  
SUITE#715  
City-State-Zip: MIAMI FL 33131

*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:** THOMAS WILLIS, ESQ. ATTORNEY FOR MAURO  
BRACA

ATTORNEY FOR MAURO  
BRACA

06/30/2016

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

\_\_\_\_\_  
Date