

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000079711

**Entity Name:** LR8790, INC

**Current Principal Place of Business:**

5601 COLLINS AVE  
APT 1605  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

12250 MENTA STREET  
105  
ORLANDO, FL 32837 US

**FEI Number:** 81-4021209

**Certificate of Status Desired:** No

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

DAHL, GEORGE  
12250 MENTA STREET  
SUITE 105  
ORLANDO, FL 32837 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 PONCE DE LEON, PATRICIA MONIC  
Address 5601 COLLINS AVE APT 1605  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name PONCE DE LEON, LIDIA G.  
Address 5601 COLLINS AVE  
1605  
City-State-Zip: MIAMI BEACH FL 33140

*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:** PONCE DE LEON PATRICIA MONICA

**PRESIDENT**

**03/09/2018**

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

\_\_\_\_\_  
Date