

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000045151

**Entity Name:** FALERA INC.

**Current Principal Place of Business:**

25 SE 2ND AVE  
1144B  
MIAMI, FL 33131

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**3603219837CC**

**Current Mailing Address:**

25 SE 2ND AVE  
1144B  
MIAMI, FL 33131 US

**FEI Number:** 83-0637288

**Certificate of Status Desired:** No

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

BUTLER, EMMANUEL  
2202 N LOIS AVE  
SUITE 2506  
TAMPA, FL 33607 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            BUTLER, EMMANUEL  
Address        495 BRICKELL AVENUE  
                  ICON TOWER 2 4007  
City-State-Zip: MIAMI FL 33131

Title            D  
Name            BUTLER, EMMANUEL  
Address        495 BRICKELL AVENUE  
                  ICON TOWER 2 4007  
City-State-Zip: MIAMI FL 33131

Title            S  
Name            BUTLER, EMMANUEL  
Address        495 BRICKELL AVENUE  
                  ICON TOWER 2 4007  
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:** EMMANUEL BUTLER

**PRESIDENT**

**02/26/2019**

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

\_\_\_\_\_  
Date