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: MAYRA VIDE-PEREZ

Electronic Signature of Signing Officer/Director Detail

## Officer/Director Detail :

	Title	PD	Title	VD
	Name	VIDE-PEREZ, MAYRA	Name	PEREZ, JULIAN CPA'S
	Address	600 BILTMORE WAY	Address	600 BILTMORE WAY
	City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P95000025507

#### Entity Name: MAYRA VIDE-PEREZ CONSULTING & DISTRIBUTING CORP.

#### **Current Principal Place of Business:**

600 BILTMORE WAY APT.1216 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

600 BILTMORE WAY APT.1216 CORAL GABLES, FL 33134 US

### FEI Number: 65-0647837

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

Electronic Signature of Registered Agent

GUEST, JAMES MPA **50 SE KINDRED STREET** 303 STUART, FL 34994 US

SIGNATURE:

Date

04/26/2016

## FILED Apr 26, 2016 Secretary of State CC7156197497

Date

Certificate of Status Desired: No

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.

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