## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037672

Entity Name: ECTODERMA, INC.

**Current Principal Place of Business:** 

1444 BISCAYNE BLVD.

SUITE 218 MIAMI, FL 33132

**Current Mailing Address:** 

1444 BISCAYNE BLVD.

SUITE 218

MIAMI, FL 33132 US

FEI Number: 65-0748205 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, CHARLES ALAN 12864 BISCAYNE BLVD #372 NORTH MIAMI, FL 33181 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

**FILED** Jan 31, 2016

**Secretary of State** 

CC9835608021

Officer/Director Detail:

CEO Title Title **PRESIDENT** 

DEWANDRE, RAPHAEL Name Name DEWANDRE, LUC

227 MICHIGAN AVE # 404 Address Address 227 MICHIGAN AVENUE # 404

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title S Title TR

EL HASSAN, ENNAHOU Name ENNAHOU, EL HASSAN Name Address 3707 TOLEDO STREET Address 3707 TOLEDO STREET City-State-Zip: CORAL GABLES FL 33134

Title CMO

City-State-Zip:

Name DEWANDRE, SEBASTIEN F Address 227 MICHIGAN AVENUE

CORAL GABLES FL 33134

404

City-State-Zip: MIAMI BEACH FL 33139

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: EL HASSAN ENNAHOU

SECRETARY

01/31/2016