

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011727

Entity Name: GANE NINE INC.**Current Principal Place of Business:**5279 FOUNTAINS DR S
APT 103
LAKE WORTH, FL 33467**Current Mailing Address:**5450 ESSEX COURT
WEST PALM BEACH, FL 33405 US**FEI Number:** 65-0816322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, ALFREDO PTD
5279 FOUNTAINS DR S
APT 103
LAKE WORTH, FL 33467 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	PTD
Name	GARCIA, ALFREDO PTD
Address	5279 FOUNTAINS DR S APT 103
City-State-Zip:	LAKE WORTH FL 33467

Title	S
Name	GARCIA, CARLOS AS
Address	5279 FOUNTAINS DR S APT 103
City-State-Zip:	LAKE WORTH FL 33467

Title	VP
Name	GARCIA, SANDRA N
Address	5279 FOUNTAINS DR S APT 103
City-State-Zip:	LAKE WORTH FL 33467

Title	SVD
Name	GARCIA, ALBA SVD
Address	5279 FOUNTAINS DR S APT 103
City-State-Zip:	LAKE WORTH FL 33467

Title	T
Name	GARCIA, PAOLA
Address	5279 FOUNTAINS DR S APT 103
City-State-Zip:	LAKE WORTH FL 33467

Title	AP
Name	PRINCIPE, PAOLA
Address	5279 FOUNTAINS DR S APT 103
City-State-Zip:	LAKE WORTH FL 33467

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: PAOLA GARCIA

AP

06/09/2016

Electronic Signature of Signing Officer/Director Detail_____
Date