

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V69789

**Entity Name:** BURGER KING SWEDEN INC.**Current Principal Place of Business:**5505 BLUE LAGOON DRIVE  
MIAMI, FL 33126**Current Mailing Address:**5505 BLUE LAGOON DRIVE  
MIAMI, FL 33126 US**FEI Number:** 65-0409063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR & PRESIDENT  
Name CIL, JOSE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR & ASSISTANT  
Name GILES-KLEIN, LISA  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR & SECRETARY  
Name TOME, VICENTE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title TREASURER  
Name DUNNIGAN, MATT  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title ASSISTANT SECRETARY  
Name GRANAT, JILL  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title ASSISTANT SECRETARY  
Name GONZALEZ, ESTHER  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

*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:** LISA GILES-KLEIN**ASSISTANT SECRETARY** 03/07/2016\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date