

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003629

**FILED  
Mar 07, 2018  
Secretary of State  
CC5453478826**

**Entity Name:** AVOCADOS PLUS INCORPORATED

**Current Principal Place of Business:**

175 S.W. 7TH ST.,  
SUITE 1505  
MIAMI, FL 33130

**Current Mailing Address:**

175 S.W. 7TH ST.,  
SUITE 1505  
MIAMI, FL 33130

**FEI Number:** 33-0763752

**Certificate of Status Desired:** Yes

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

PLAZA, HENRY Y  
175 SW 7TH STREET  
1505  
MIAMI, FL 33130 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 C  
Name CASTILLO, MANUEL JSR.  
Address 175 S.W. 7TH ST., STE 1505  
City-State-Zip: MIAMI FL 33130

Title P  
Name CASTILLO, MANUEL JJR.  
Address 175 S.W. 7TH ST., STE 1505  
City-State-Zip: MIAMI FL 33130

Title CAO  
Name CASTILLO, SABRINA M  
Address 175 S.W. 7TH ST., STE 1505  
City-State-Zip: MIAMI FL 33130

*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:** SABRINA M. CASTILLO

**CAO**

**03/07/2018**

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

\_\_\_\_\_  
Date