

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001284

**FILED  
Feb 02, 2016  
Secretary of State  
CC7219011897**

**Entity Name:** ABNOX CORPORATION

**Current Principal Place of Business:**

1920 E HALLANDALE BEACH BLVD #PH-3  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1920 E HALLANDALE BEACH BLVD #PH-3  
HALLANDALE BEACH, FL 33009

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 DP  
Name BERNASCONI, FABIO  
Address 1920 E HALLANDALE BEACH BLVD #PH-3  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DS  
Name ISELI, BENJAMIN  
Address 1920 E HALLANDALE BEACH BLVD #PH-3  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TD  
Name ISELI, MATHIAS  
Address 1920 E HALLANDALE BEACH BLVD #PH-3  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** FABIO BERNASCONI

**PRESIDENT**

**02/02/2016**

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

\_\_\_\_\_  
Date