

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000031111

**FILED**  
**Feb 06, 2017**  
**Secretary of State**  
**CC4542446221**

**Entity Name:** 599 RED ROAD CORPORATION

**Current Principal Place of Business:**

4615 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4615 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**FEI Number:** 65-1114558

**Certificate of Status Desired:** No

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

AMBROS, MARIA L  
4615 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146 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 PPTS  
Name AMBROS, MARIA L  
Address 4615 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name JARP, ANA M  
Address 4615 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name AMBROS, LUISA  
Address 4615 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name JARP, CAROLINA MARIA  
Address 4615 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name JARP, TERESA MARIA  
Address 4615 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARIA AMBROS

**PRESIDENT**

**02/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date