

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000031111

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC2759497256**

**Entity Name:** 599 RED ROAD CORPORATION

**Current Principal Place of Business:**

6500 BIRD ROAD  
#557733  
MIAMI, FL 33255-7733

**Current Mailing Address:**

6500 BIRD ROAD  
#557733  
MIAMI, FL 33255-7733 US

**FEI Number:** 65-1114558

**Certificate of Status Desired:** No

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

AMBROS, MARIA L  
6500 BIRD ROAD  
#557733  
MIAMI, FL 33255-7733 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 PVTs  
Name AMBROS, MARIA L  
Address 6500 BIRD ROAD  
#557733  
City-State-Zip: MIAMI FL 33255-7733

Title D  
Name JARP, ANA M  
Address 6500 BIRD ROAD  
#557733  
City-State-Zip: MIAMI FL 33255-7733

Title D  
Name AMBROS, LUISA  
Address 6500 BIRD ROAD  
#557733  
City-State-Zip: MIAMI FL 33255-7733

Title DIRECTOR  
Name JARP, CAROLINA MARIA  
Address 6500 BIRD ROAD  
#557733  
City-State-Zip: MIAMI FL 33255-7733

Title DIRECTOR  
Name JARP, TERESA MARIA  
Address 6500 BIRD ROAD  
#557733  
City-State-Zip: MIAMI FL 33255-7733

*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 L AMBROS

**PRESIDENT**

**03/05/2018**

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

\_\_\_\_\_  
Date