

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078584

**Entity Name:** C2E ENERGY, INC

**Current Principal Place of Business:**

DESIGN QUARTER  
NICOL GROVE OFFICE PARK, LESLIE ROAD  
FOURWAYS, ZA 2191

**Current Mailing Address:**

455 NE 5TH AVENUE - STE. D-285  
DELRAY BEACH, FL 33483

**FEI Number:** 65-1139235

**Certificate of Status Desired:** No

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

COHEN, EARL M  
2505 NW BOCA RATON BLVD.  
202  
BOCA RATON, FL 33431 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 CD  
Name ROUX, JOHANNES  
Address 93 STONE RIVER ESTATE  
City-State-Zip: FOURWAYS JB 2128

Title D  
Name GALLIMORE, PAUL  
Address 1768 FINDHORN STREET  
City-State-Zip: MIDRAND JB 1682

Title D  
Name PAUW, JACQUES  
Address 9 SANTA FE CRESCENT  
City-State-Zip: LA PALOMA, CAPE TOWN CT 7441

Title CFOD  
Name PRETORIUS, ROLF  
Address 37 DURING STREERT  
City-State-Zip: HONEYDEW MANOR ZA 2170

*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:** JOHANNES ROUX

**CHAIRMAN**

**09/10/2016**

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

\_\_\_\_\_  
Date