

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000038429

**Entity Name:** ECTOPLAZMIC ENTERPRISES, INC.

**Current Principal Place of Business:**

638 SPARTANBURG HWY  
STE 70-112  
HENDERSONVILLE, NC 28792

**Current Mailing Address:**

638 SPARTANBURG HWY  
STE 70-112  
HENDERSONVILLE, NC 28792 US

**FEI Number:** 71-0878662

**Certificate of Status Desired:** No

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

LUGONES, A.  
8306 MILLS DRIVE  
332  
MIAMI, FL 33183 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 LUGONES, A  
Address 8306 MILLS DR., #332  
City-State-Zip: MIAMI FL 33183-4838

*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:** A. LUGONES

**PRESIDENT**

**05/01/2015**

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

\_\_\_\_\_  
Date