Electronic Signature of Signing Officer/Director Detail

#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P12000059926

# Entity Name: FOEBE BIOTECH INC

# **Current Principal Place of Business:**

**40 CHAMPNEY STREET** APT 1 BRIGHTON, MA 02135

#### **Current Mailing Address:**

**40 CHAMPNEY STREET** APT 1 BRIGHTON, MA 02135 US

## **FEI Number: NOT APPLICABLE**

## Name and Address of Current Registered Agent:

ANGELICA, CUEVAS 320 SW 30TH AVE APT 1 MIAMI, FL 33135 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	: ANGELICA CUEVAS			04/14/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRE	Title	TRE	
Name	GAO, DAO	Name	GAO, DAO	
Address	40 CHAMPNEY STREET APT 1	Address	40 CHAMPNEY STREET APT 1	
City-State-Zip:	BRIGHTON MA 02135	City-State-Zip:	BRIGHTON MA 02135	
Title	SEC	Title	DIR	
Name	GAO, DAO	Name	GAO, DAO	
Address	40 CHAMPNEY STREET APT 1	Address	40 CHAMPNEY STREET APT 1	
City-State-Zip:	BRIGHTON MA 02135	City-State-Zip:	BRIGHTON MA 02135	

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.

Ρ

# SIGNATURE: DAO GAO

Certificate of Status Desired: No

FILED Apr 14, 2015 Secretary of State CC1716914189

> 04/14/2015 Date