

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000044222

**FILED  
Mar 13, 2019  
Secretary of State  
0205212247CC**

**Entity Name:** FAALEX CORPORATION

**Current Principal Place of Business:**

18120 CANAL POINTE STREET  
TAMPA, FL 33647

**Current Mailing Address:**

18120 CANAL POINTE STREET  
TAMPA, FL 33647 US

**FEI Number:** 46-2799445

**Certificate of Status Desired:** No

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

AKINYEMI, TUNDE O  
18120 CANAL POINTE STREET  
TAMPA, FL 33647 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 P  
Name AKINYEMI, TUNDE O  
Address 18120 CANAL POINTE STREET  
City-State-Zip: TAMPA FL 33647

Title VP  
Name AKINYEMI, FELICIA Y  
Address 18120 CANAL POINTE STREET  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name AKINYEMI, ADEKUNLE AKINTUNDE  
Address 18120 CANAL POINTE STREET  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name BOLAJI, OLADAPO TUNDE  
Address 11042 ANCIENT FUTURES DR  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name AKINYEMI, FEBISOLA FUNMILAYO DR.  
Address 18120 CANAL POINTE STREET  
City-State-Zip: TAMPA FL 33647

*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:** TUNDE AKINYEMI

**PRESIDENT**

**03/13/2019**

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

\_\_\_\_\_  
Date