

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000048532

**Entity Name:** VINIFERAMINE, INC.

**Current Principal Place of Business:**

2769 HEARTLAND DRIVE, SUITE 303  
CORALVILLE, IA 52241

**Current Mailing Address:**

2769 HEARTLAND DRIVE, SUITE 303  
CORALVILLE, IA 52241

**FEI Number:** 42-1214194

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            MCCORD, DARLENE DR.  
Address        2769 HEARTLAND DRIVE, SUITE 303  
City-State-Zip: CORALVILLE IA 52241

*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:** DR DARLENE MCCORD

**OWNER**

**05/01/2019**

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

\_\_\_\_\_ Date