

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000063415

**Entity Name:** AEOLUS CLW, INC.

**Current Principal Place of Business:**

7954 GALL BLVD  
ZEPHYRHILLS, FL 33641

**Current Mailing Address:**

7954 GALL BLVD  
ZEPHYRHILLS, FL 33641 US

**FEI Number:** 47-4662412

**Certificate of Status Desired:** No

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

KOMMIREDDY, RAMA  
19319 AUTUMN WOODS AVE.  
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 KOMMIREDDY, RAMA  
Address 19319 AUTUMN WOODS AVE.  
City-State-Zip: TAMPA FL 33647

Title VP  
Name CHINIMILLI, SURYA  
Address 22178 ANTLER DR  
City-State-Zip: NOVI MI 48375

Title T  
Name THOMAS, SARU  
Address 5515 PEBBLESHIRE  
City-State-Zip: BLOOMFIELD HILLS MI 48301

Title S  
Name KOMMIREDDY, RAMA  
Address 19319 AUTUMN WOODS AVE.  
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:** RAMA KOMMIREDDY

P

04/27/2017

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

\_\_\_\_\_  
Date