

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000035010

FILED  
Apr 01, 2012  
Secretary of State

Entity Name: SIMPLIFYCA CONSULTING, CORP.

**Current Principal Place of Business:**

2000 NW 89TH PLACE  
SUITE 122  
DORAL, FL 33172 US

**New Principal Place of Business:**

349 MIRACLE MILE  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2000 NW 89TH PLACE  
SUITE 122  
DORAL, FL 33172 US

**New Mailing Address:**

349 MIRACLE MILE  
CORAL GABLES, FL 33134 US

FEI Number: 45-1584300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASTILLO, FELIX  
10130 NW 41 STREET  
DORAL, FL 33178 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GATRIF, FERCEL  
Address: 349 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPD  
Name: GARZON, CESAR  
Address: 349 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD  
Name: BARETTA, RAFAEL  
Address: 349 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TD  
Name: RAOUL, CASSANI A  
Address: 349 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134 UN

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: FERCEL GATRIF

PD

04/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date