

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F07000006341

Entity Name: FECI HOLDING CORP.

**FILED**  
**Nov 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2855 S. LEJEUNE RD, 4TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2855 LEJEUNE RD, 4TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2855 S. LEJEUNE RD, 4TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

2855 LEJEUNE RD, 4TH FLOOR  
CORAL GABLES, FL 33134

FEI Number: 20-2835191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: VP  
Name: SIGNORELLO, VINCENT  
Address: 2855 LEJEUNE RD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPT  
Name: GODOY, RUSTY  
Address: 2855 LEJEUNE RD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS  
Name: COBB, KOLLEEN  
Address: 2855 LEJEUNE RD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPAS  
Name: RODON, RAFAEL  
Address: 2855 LEJEUNE RD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

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: KOLLEEN O.P. COBB

VP

11/09/2011

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

\_\_\_\_\_  
Date