

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008506

Entity Name: PUBLIC POLICY WORKS! INC.**Current Principal Place of Business:**508 CASTANIA AVENUE
CORAL GABLES, FL 33146**Current Mailing Address:**508 CASTANIA AVENUE
CORAL GABLES, FL 33146 US**FEI Number:** 45-3187040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETREY, RODERICK N
508 CASTANIA AVENUE
CORAL GABLES, FL 33146 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, D |
| Name | PETREY, RODERICK N |
| Address | 508 CASTANIA AVENUE |
| City-State-Zip: | CORAL GABLES FL 33146 |

| | |
|-----------------|--------------------|
| Title | S, D |
| Name | SPEYER, ERIK |
| Address | 4917 SW 71ST PLACE |
| City-State-Zip: | MIAMI FL 33155 |

| | |
|-----------------|---|
| Title | VP,D |
| Name | MOLKENTIN, JOHN |
| Address | 201 SOUTH BISCAYNE BOULEVARD, SUITE 2000 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|---------------------|
| Title | T, D |
| Name | HOFFMAN, DONALD B |
| Address | 1878 PINELAKE DRIVE |
| City-State-Zip: | STUART FL 33494 |

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RODERICK N. PETREY**PRESIDENT****03/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date