

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 232957

**FILED**  
**Feb 04, 2014**  
**Secretary of State**  
**CC8103429830**

**Entity Name:** TIFFANY APTS., INC.

**Current Principal Place of Business:**

1504 S SURF ROAD  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1504 S SURF ROAD  
HOLLYWOOD, FL 33019

**FEI Number: 59-0934571**

**Certificate of Status Desired: No**

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

WOLLEON, JOSEPH  
1504 SOUTH SURF ROAD #62  
HOLLYWOOD, FL 33019 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 WOLLEON, JOSEPH  
Address 1504 S. SURF RD. #62  
City-State-Zip: HOLLYWOOD FL 33019

Title T  
Name REED, WAYNE  
Address 1504 S SURF ROAD  
City-State-Zip: HOLLYWOOD FL 33019

Title S  
Name WILSON, D BENJAMIN  
Address 1504 S. SURF RD. #1  
City-State-Zip: HOLLYWOOD FL 33019

Title D  
Name CREPEAU, DONALD  
Address 1504 S. SURF RD.  
City-State-Zip: HOLLYWOOD FL 33019

Title D  
Name PICCIRRILLI, ANTHONY  
Address 1504 S. SURF RD.  
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR  
Name CHRYSTAL, ANNE  
Address 1504 S SURF ROAD  
City-State-Zip: HOLLYWOOD FL 33019

*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: D BENJAMIN WILSON**

**SECRETARY**

**02/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date