

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99761

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC1127994091**

**Entity Name:** TASK INVESTMENTS CORPORATION

**Current Principal Place of Business:**

% ALBERNI & ALBERNI, P.A.  
4649 PONCE DE LEON BLVD., SUITE 404  
CORAL GABLES, FL 33146

**Current Mailing Address:**

% ALBERNI & ALBERNI, P.A.  
4649 PONCE DE LEON BLVD., SUITE 404  
CORAL GABLES, FL 33146

**FEI Number:** 59-2220448

**Certificate of Status Desired:** No

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

ALBERNI, PEDRO L., CPA  
4649 PONCE DE LEON BLVD. #404  
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	PTD	Title	VPS
Name	OTERO, JORGE E	Name	OTERO, PATTI
Address	75 VALENCIA AVE, FOURTH FLOOR	Address	75 VALENCIA AVE, FOURTH FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-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:** JORGE E. OTERO

**PRESIDENT**

**02/05/2014**

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

\_\_\_\_\_  
Date