I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec		
	cute this report as required by Chapter 607, Florida Statute	s, and that my hame appears
above, or on an attachment with all other like empowered.		
SIGNATURE NICK G. NICOLAU	PRESIDENT	01/24/2013

PRESIDENT

SIGNATURE: NICK G. NICOLAU

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

119 HIDDEN OAK DR LONGWOOD, FL 32779-4905

### **Current Mailing Address:**

PO BOX 161314 ALTAMONTE SPRINGS, FL 32716-1314 US

## FEI Number: 59-2385767

### Name and Address of Current Registered Agent:

NICOLAU, NICK GPVT 119 HIDEN OAK DRIVE LONGWOOD, FL 32779 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

#### **Officer/Director Detail :**

Title	PVT	Title	S
Name	NICOLAU, NICK G	Name	HOFFMAN, VIRGINIA F
Address	119 HIDDEN OAK DR.	Address	119 HIDDEN OAK DR
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

Certificate of Status Desired: No

FILED Jan 24, 2013 Secretary of State CC5989603427

Date

Date