

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G57185

Entity Name: FALK, WAAS, HERNANDEZ, CORTINA, SOLOMON & BONNER,
P.A.**FILED**
Jan 21, 2014
Secretary of State
CC3898307994**Current Principal Place of Business:**135 SAN LORENZO AVENUE
500
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVENUE
500
CORAL GABLES, FL 33146**FEI Number: 59-2361828****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FALK, GLENN P
135 SAN LORENZO AVENUE
500
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 DP
Name FALK, GLENN P
Address 135 SAN LORENZO AVENUE, #500
City-State-Zip: CORAL GABLES FL 33146Title T
Name CORTINA, ARMANDO R
Address 135 SAN LORENZO AVENUE, #500
City-State-Zip: CORAL GABLES FL 33146Title AS
Name SOLOMON, SCOTT E
Address 135 SAN LORENZO AVENUE, #500
City-State-Zip: CORAL GABLES FL 33146Title VP
Name WAAS, NORMAN M
Address 135 SAN LORENZO AVENUE, #500
City-State-Zip: CORAL GABLES FL 33146Title S
Name HERNANDEZ, EDWARD D
Address 135 SAN LORENZO AVENUE, #500
City-State-Zip: CORAL GABLES FL 33146Title AS
Name BONNER, MICHAEL P
Address 135 SAN LORENZO AVENUE, #500
City-State-Zip: CORAL GABLES FL 33146

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: NORMAN WAAS**VP****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date