## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H75597

Entity Name: E.T.I. FINANCIAL CORPORATION

**FILED** Mar 01, 2016 **Secretary of State** CC1173660024

## **Current Principal Place of Business:**

1551 SAWGRASS CORPORATE PKWY STE 130

SUNRISE, FL 33323

## **Current Mailing Address:**

1551 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323

FEI Number: 59-2611508 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SHAW, KAREN 1551 SAWGRASS CORPORATE PKWY STE 130 SUNRISE, FL 33323 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT/TREASURER Title **SECRETARY** 

SHAW, KAREN F RAICOVICH, MONIQUE Name Name

1551 SAWGRASS CORPORATE 1551 SAWGRASS CORPORATE Address Address

**PARKWAY PARKWAY SUITE 130** SUITE 130

SUNRISE FL 33323 SUNRISE FL 33323 City-State-Zip: City-State-Zip:

VΡ **DIRECTOR** Title Title

Name SAMMATARO, DEBORAH Name CAMBI, JOSEPH

Address ONE MONARCH PLACE Address ONE MONARCH PLACE

**SUITE 2510 SUITE 2510** 

SPRINGFIELD FL 01144 SPRINGFIELD MA 01144 City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

MARCUS, JAMES Name

ONE MONARCH PLACE Address

**SUITE 2510** 

SPRINGFIELD MA 01144 City-State-Zip:

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.

03/01/2016 SIGNATURE: KAREN SHAW **PRESIDENT**