

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K11609

**Entity Name:** SCL CORP.

**Current Principal Place of Business:**

140 N.W.158 ST.  
MIAMI, FL 33169

**Current Mailing Address:**

P.O.BOX 640091  
MIAMI, FL 33164 US

**FEI Number:** 65-0022509

**Certificate of Status Desired:** No

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

BURTON, ANDRE S.  
4310 SHERIDAN ST  
2ND FLOOR  
HOLLYWOOD, FL 33021 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 OFF  
Name CERIONE, MICHAEL  
Address 140 N.W.158 STREET  
City-State-Zip: MIAMI FL

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:** MICHAEL CERIONE

**OFFICER**

**03/01/2015**

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

\_\_\_\_\_  
Date