

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K50378

**Entity Name:** GARBETT, STIPHANY, ALLEN & ROZA, P.A.

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC3761697069**

**Current Principal Place of Business:**

80 SW 8 ST  
SUITE 3100  
MIAMI, FL 33130

**Current Mailing Address:**

80 SW 8 ST  
SUITE 3100  
MIAMI, FL 33130

**FEI Number:** 65-0089263

**Certificate of Status Desired:** No

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

WLMC REGISTERED AGENTS, INC  
80 SW 8 ST 31ST FLOOR  
BRICKELL CITY TOWER  
MIAMI, FL 33130 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 VD  
Name STIPHANY, GARY T  
Address 80 SW 8ST. STE 3100  
City-State-Zip: MIAMI FL 33130

Title PMD  
Name GARBETT, DAVID S  
Address 80 SW 8ST. STE 3100  
City-State-Zip: MIAMI FL 33130

Title VD  
Name ALLEN, PHILIP AIII  
Address 80 SW 8ST. STE 3100  
City-State-Zip: MIAMI FL 33130

Title SD  
Name ROZA, FRANCISCO J  
Address 80 SW 8ST. STE 3100  
City-State-Zip: MIAMI FL 33130

*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:** DAVID S. GARBETT

**PRESIDENT**

**01/16/2015**

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

\_\_\_\_\_  
Date