

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62108

Entity Name: COBB PARTNERS DEPOT CORPORATION**Current Principal Place of Business:**4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146**Current Mailing Address:**PO BOX 14-4200
CORAL GABLES, FL 33114-4200**FEI Number:** 65-0110239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERDOMO, MERCEDES
4000 PONCE DE LEON BLVD
STE 470
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	D
Name	TEMPLE, JOHN W
Address	PO BOX 14-4200
City-State-Zip:	CORAL GABLES FL 33114-4200

Title	DPS
Name	COBB, SUE M.
Address	PO BOX 14-4200
City-State-Zip:	CORAL GABLES FL 33114-4200

Title	DPT
Name	COBB, CHARLES EJR
Address	PO BOX 14-4200
City-State-Zip:	CORAL GABLES FL 33114-4200

Title	D
Name	MORRISON, SCOTT RJR
Address	PO BOX 14-4200
City-State-Zip:	CORAL GABLES FL 33114-4200

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: PERDOMO, MERCEDES

RA

04/23/2014

Electronic Signature of Signing Officer/Director Detail_____
Date