

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K80263

**Entity Name:** J.M. BERENGUER AND ASSOCIATES, INC.

**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC8247690561**

**Current Principal Place of Business:**

104 CRANDON BOULEVARD  
309  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

104 CRANDON BOULEVARD  
309  
KEY BISCAYNE, FL 33149 US

**FEI Number: 65-0113936**

**Certificate of Status Desired: No**

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

BERENGUER, JOSE M., III  
785 CURTISWOOD DRIVE  
KEY BISCAYNE, FL 33149 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 DPS  
Name BERENGUER, JOSE M., III  
Address 785 CURTIS WOOD DRIVE  
City-State-Zip: KEY BISCAYNE FL 33149

Title DTVP  
Name BERENGUER, ANA M  
Address 785 CURTISWOOD DR  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name BERENGUER, JUAN F  
Address 104 CRANDON BOULEVARD  
309  
City-State-Zip: KEY BISCAYNE FL 33149

Title ASST. SECRETARY  
Name BERENGUER, ANA C  
Address 104 CRANDON BOULEVARD  
309  
City-State-Zip: KEY BISCAYNE FL 33149

Title ASST. TREASURER  
Name BERENGUER, JOSE M IV  
Address 104 CRANDON BOULEVARD  
309  
City-State-Zip: KEY BISCAYNE FL 33149

*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: ANA M. BERENGUER**

**VICE PRESIDENT**

**02/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date