

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K86128

**Entity Name:** WOOLBRIGHT GROUP, INC.

**Current Principal Place of Business:**

2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC4761188730**

**Current Mailing Address:**

2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431 US

**FEI Number:** 65-0138559

**Certificate of Status Desired:** No

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

WIENER, DAVID J  
2240 NW 19TH STREET  
SUITE 801  
BOCA RATON, FL 33431 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 DIRECTOR, PRESIDENT,  
SECRETARY, TREASURER  
Name STILLER, DUANE J  
Address 2240 NW 19TH STREET  
SUITE 801  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR, VP  
Name STILLER, DALIA  
Address 2240 NW 19TH STREET  
SUITE 801  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR, VP  
Name TYRIVER, SORAYA  
Address 2240 NW 19TH STREET  
SUITE 801  
City-State-Zip: BOCA RATON FL 33431

*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:** SORAYA TYRIVER

VP

04/17/2017

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

\_\_\_\_\_  
Date