

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M41440

**Entity Name:** BLAXBERG, GRAYSON, KUKOFF & TWOMBLY, P.A.

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC1155517632**

**Current Principal Place of Business:**

C/O BARRY BLAXBERG  
25 SE 2ND AVE., STE. 730  
MIAMI, FL 33131-8506

**Current Mailing Address:**

C/O BARRY BLAXBERG  
25 SE 2ND AVE., STE. 730  
MIAMI, FL 33131-8506

**FEI Number: 59-2737697**

**Certificate of Status Desired: No**

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

BLAXBERG, I. BARRY  
25 S.E. 2ND AVENUE  
STE.730-INGRAHAM BLDG.  
MIAMI, FL 33131-8506 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 P  
Name BLAXBERG, I. BARRY  
Address 25 SE 2 AVE., STE.730  
City-State-Zip: MIAMI FL

Title VPS  
Name GRAYSON, MOISES T.  
Address 25 SE 2 AVE., STE.730  
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: I. BARRY BLAXBERG**

**PRESIDENT**

**01/10/2014**

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

\_\_\_\_\_  
Date