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: ISABEL L EDWARDS

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

9845 EAST FERN STREET PALMETTO BAY, FL 33157

## **Current Mailing Address:**

9845 EAST FERN STREET PALMETTO BAY. FL 33157 US

## FEI Number: 65-1091491

## Name and Address of Current Registered Agent:

EDWARDS, ISABEL L 9845 EAST FERN STREET PALMETTO BAY, FL 33157 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:	E: ISABEL L EDWARDS				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	OFFICER	Title	PARTNER		
Name	LISTA, MARTA V	Name	EDWARDS, ISABEL L		
Address	9845 EAST FERN STREET	Address	9845 EAST FERN STREET		
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	PALMETTO BAY FL 33157		

Certificate of Status Desired: No

PARTNER

03/12/2014

Date

FILED Mar 12, 2014 Secretary of State CC0583534972