above, or on an attachment with all other like empowered.	
SIGNATURE: SARA LEE VARGAS	PRESIDENT

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

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

4210 L.B. MCLEOD ROAD #109 ORLANDO, FL 32811

### **Current Mailing Address:**

DOCUMENT# P00000067619

4210 L.B. MCLEOD ROAD #109 ORLANDO, FL 32811

### FEI Number: 59-3662602

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

Electronic Signature of Registered Agent

VARGAS, SARA L 4210 L. B. MCLEOD ROAD **SUITE #109** ORLANDO, FL 32811 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:

**Officer/Director Detail :** 

Title	P	Title	VP
Name	VARGAS, SARA LEE	Name	NELSON, MARK
Address	4210 L B MCLEOD ROAD #109	Address	4210 L B MCLEOD ROAD #109
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

NATURE: SARA LEE VARGAS

Electronic Signature of Signing Officer/Director Detail

## FILED Apr 08, 2013 Secretary of State CC5642263356

Certificate of Status Desired: No

04/08/2013 Date

Date