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: JEFFREY P. SHAPIRO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/19/2016

Date

Electronic Signature of Registered Agent

Officer/Director Detail ·

SIGNATURE:

Officer/Director Detail :			
Title	D	Title	D
Name	SHAPIRO, JEFFREY P	Name	RAMOS, CYNTHIA M
Address	19 WEST FLAGLER STREET, SUITE 516	Address	19 WEST FLAGLER STREET, SUITE 516
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

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.

Entity Name: SHAPIRO RAMOS, PROFESSIONAL ASSOCIATION

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

19 WEST FLAGLER STREET 516 MIAMI, FL 33130

DOCUMENT# P01000090033

Current Mailing Address:

19 WEST FLAGLER STREET 516 MIAMI, FL 33130

FEI Number: 65-1142379

Name and Address of Current Registered Agent:

SHAPIRO, JEFFREY P 19 WEST FLAGLER STREET 516 MIAMI, FL 33130 US

Certificate of Status Desired: No

FILED