

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000118948

**Entity Name:** REGISTERED AGENT CORPORATE SERVICES, INC.

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-3385607

**Certificate of Status Desired:** No

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

PARENTI, BETSY E  
355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 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 DP  
Name SERRALLES, JUAN E  
Address 355 ALHAMBRA CIRCLE  
SUITE 801  
City-State-Zip: CORAL GABLES FL 33134

Title AS  
Name PARENTI, BETSY E  
Address 355 ALHAMBRA CIRCLE, SUITE 801  
City-State-Zip: CORAL GABLES FL 33134

Title DVPS  
Name RICH, MARK D  
Address 355 ALHAMBRA CIRCLE, SUITE 801  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name CUZAN, LOURDES  
Address 355 ALHAMBRA CIRCLE, SUITE 801  
City-State-Zip: CORAL GABLES FL 33134

*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:** BETSY PARENTI

**ASSISTANT SECRETARY** 01/13/2014

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

\_\_\_\_\_  
Date