

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135225

Entity Name: PROTECCION PLENITUD, INC.**Current Principal Place of Business:**3399 NW 72ND AV, SUITE 107
MIAMI, FL 33122**Current Mailing Address:**3399 NW 72ND AV, SUITE 107
MIAMI, FL 33122**FEI Number:** 20-3584629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OQUENDO, JAIME
3399 NW 72ND AV
107
MIAMI, FL 33122 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	PD
Name	OQUENDO, JAIME H
Address	20801 BISCAYNE BLVD. #410
City-State-Zip:	AVENTURA FL 33180

Title	VPD
Name	OQUENDO, MARIO
Address	20801 BISCAYNE BLVD. #410
City-State-Zip:	AVENTURA FL 33180

Title	TD
Name	TORO, CARLOS M
Address	20801 BISCAYNE BLVD. #410
City-State-Zip:	AVENTURA FL 33180

Title	S
Name	ANGEL, MARCO
Address	20801 BISCAYNE BLVD. #410
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	BOTERO, MONICA A
Address	20801 BISCAYNE BLVD. #410
City-State-Zip:	AVENTURA FL 33180

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: MONICA BOTERO H.**MANAGER****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date