

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135225

Entity Name: PROTECCION PLENITUD, INC.**Current Principal Place of Business:**2393 SOUTH CONGRESS AV
WEST PALM BEACH, FL 33406**Current Mailing Address:**2393 SOUTH CONGRESS AV
WEST PALM BEACH, FL 33406 US**FEI Number:** 20-3584629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OQUENDO, JAIME
2393 SOUTH CONGRESS AV
WEST PALM BEACH, FL 33406 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	2393 SOUTH CONGRESS AV
City-State-Zip:	WEST PALM BEACH FL 33406

Title	VPD
Name	OQUENDO, MARIO
Address	2393 SOUTH CONGRESS AV
City-State-Zip:	WEST PALM BEACH FL 33406

Title	TD
Name	TORO, CARLOS M
Address	2393 SOUTH CONGRESS AV
City-State-Zip:	WEST PALM BEACH FL 33406

Title	S
Name	ANGEL, MARCO
Address	2393 SOUTH CONGRESS AV
City-State-Zip:	WEST PALM BEACH FL 33406

Title	MGR
Name	BOTERO, MONICA A
Address	2393 SOUTH CONGRESS AV
City-State-Zip:	WEST PALM BEACH FL 33406

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: JAIME OQUENDO**PRESIDENT****04/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date