

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000121926

**Entity Name:** C D E OF MIAMI, INC.

**Current Principal Place of Business:**

12400 SW 134 CT  
SUITE # 9  
MIAMI, FL 33186

**Current Mailing Address:**

P.O. BOX 161708  
MIAMI, FL 33116

**FEI Number: 26-1514700**

**Certificate of Status Desired:** Yes

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

ECHAURI, ERNESTO  
12400 SW 134 CT  
SUITE # 9  
MIAMI, FL 33186 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            PRESIDENT  
Name            ECHAURI, ERNESTO  
Address        12400 SW 134 CT  
                 SUITE # 9  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            ECHAURI, VANESSA L  
Address        12400 SW 134 CT  
                 SUITE # 9  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            ECHAURI, LUCIA  
Address        12400 SW 134 CT  
                 SUITE # 9  
City-State-Zip: MIAMI FL 33186

*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: ERNESTO ECHAURI**

**PRESIDENT**

**03/06/2014**

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

\_\_\_\_\_  
Date