

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000133637

**Entity Name:** TOC C-5, INC.

**Current Principal Place of Business:**

290 NW 165 ST, STE M-400  
MIAMI, FL 33169

**Current Mailing Address:**

290 NW 165 ST, STE M-400  
MIAMI, FL 33169

**FEI Number:** 51-0670590

**Certificate of Status Desired:** No

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

DA SILVA, ALVARO  
290 NW 165 ST, STE M-400  
MIAMI, FL 33169 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 D  
Name COSTA LIMA DA SILVA, SALUSTIANO  
Address 290 NW 165 ST, STE M-400  
City-State-Zip: MIAMI FL 33169

Title D  
Name HERTZOG DA SILVA, ELIDIA  
Address 290 NW 165 ST, STE M-400  
City-State-Zip: MIAMI FL 33169

Title D  
Name AMERICO DA SILVA, ALVARO  
Address 290 NW 165 ST, STE M-400  
City-State-Zip: MIAMI FL 33169

Title ASST. SECRETARY  
Name FORSTER, VIRGINIA L  
Address 290 NW 165 ST, STE M-400  
City-State-Zip: MIAMI FL 33169

*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:** ALVARO AMERICO DA SILVA

D

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date