

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000035771

**Entity Name:** VOTTO19 INC.

**Current Principal Place of Business:**

3839 NW BOCA RATON BLVD  
SUITE 100  
BOCA RATON, FL 33431

**Current Mailing Address:**

C/O ROBERT L. NEWMARK  
211 NORTH BROADWAY SUITE 3600  
SAINT LOUIS, MO 63102 US

**FEI Number:** 45-1624928

**Certificate of Status Desired:** No

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

SIMON, MICHAEL  
3839 NW BOCA RATON  
SUITE 100  
BOCA RATON, FL 33431 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            PRES  
Name            VOTTO, JOEY  
Address        C/O ROBERT L. NEWMARK  
                  211 NORTH BROADWAY SUITE 3600  
City-State-Zip: SAINT LOUIS MO 63102

Title            CFO  
Name            VOTTO, JOEY  
Address        C/O ROBERT L. NEWMARK  
                  211 NORTH BROADWAY SUITE 3600  
City-State-Zip: SAINT LOUIS MO 63102

Title            SEC  
Name            VOTTO, JOEY  
Address        C/O ROBERT L. NEWMARK  
                  211 NORTH BROADWAY SUITE 3600  
City-State-Zip: SAINT LOUIS MO 63102

Title            DIR  
Name            VOTTO, JOEY  
Address        C/O ROBERT L. NEWMARK  
                  211 NORTH BROADWAY SUITE 3600  
City-State-Zip: SAINT LOUIS MO 63102

*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:** JOEY VOTTO

**PRESIDENT**

**01/31/2014**

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

\_\_\_\_\_  
Date