

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000106604

**FILED**  
**Mar 29, 2015**  
**Secretary of State**  
**CC1652870735**

**Entity Name:** ILENE ENGELBERG CPA PA

**Current Principal Place of Business:**

2831 NORTH OCEAN BLVD APT 608N  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2831 NORTH OCEAN BLVD APT 608N  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 45-4082532

**Certificate of Status Desired:** No

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

ENGELBERG, ILENE  
2831 NORTH OCEAN BLVD APT 608N  
FORT LAUDERDALE, FL 33308 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	P	Title	DIR
Name	ENGELBERG, ILENE	Name	ENGELBERG, ILENE
Address	2831 NORTH OCEAN BLVD APT 608N	Address	2831 NORTH OCEAN BLVD APT 608N
City-State-Zip:	FORT LAUDERDALE FL 33308	City-State-Zip:	FORT LAUDERDALE FL 33308

*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:** ILENE ENGELBERG

**PRESIDENT**

**03/29/2015**

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

\_\_\_\_\_  
Date