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.

V

SIGNATURE: SCHURR, KENNETH

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

3001 PONCE DE LEON 262 CORAL GABLES, FL 33134

## **Current Mailing Address:**

DOCUMENT# P12000063220

3001 PONCE DE LEON 262 CORAL GABLES, FL 33134 US

## FEI Number: 46-0706206

## Name and Address of Current Registered Agent:

SCHURR, KENNETH 3001 PONCE DE LEON SUITE 262 CORAL GABLES, FL 33134 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	: KENNETH SCHURR		C	)3/13/2015	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	V	Title	ST		
Name	SCHURR, KENNETH	Name	BAEZ, RITA		
Address	3001 PONCE DE LEON BLVD SUITE #262	Address	3001 PONCE DE LEON BLVD SUI #262	TE	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134		

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

03/13/2015