

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000078332

**Entity Name:** CAPITAL IMPROVEMENT DEVELOPMENT CO.

**Current Principal Place of Business:**

2655 LEJUENE ROAD  
405  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 LEJUENE ROAD  
405  
CORAL GABLES, FL 33134 US

**FEI Number: 46-3761327**

**Certificate of Status Desired: Yes**

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

MARTINEZ, MOISES G  
2655 LEJEUNE ROAD  
SIUTE 405  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ, MOISES G  
Address 2655 LEJEUNE ROAD SUITE 405  
City-State-Zip: CORAL GABLES FL 33134

Title DIR  
Name MARTINEZ, MOISES G  
Address 2655 LEJEUNE ROAD SUITE 405  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name RODRIGUEZ, ANDRES  
Address 2655 LEJUENE ROAD  
405  
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE VP  
Name RODRIGUEZ, ANDRES  
Address 2655 LE JUENE ROAD  
405  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN  
Name RODRIGUEZ, ANDRES  
Address 2655 LEJUENE ROAD  
405  
City-State-Zip: CORAL GABLES FL 33134

*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: MOISES G MARTINEZ**

**PRESIDENT**

**03/09/2014**

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

\_\_\_\_\_  
Date