

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000081383

**Entity Name:** ONEBLADE, INC.

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD., SUITE 1225  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2525 PONCE DE LEON BLVD., SUITE 1225  
CORAL GABLES, FL 33134

**FEI Number:** 46-3818807

**Certificate of Status Desired:** No

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD., SUITE 1225  
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           CEOD  
Name           BARRETT, TOD  
Address        2525 PONCE DE LEON BLVD., SUITE  
                  1225  
City-State-Zip: CORAL GABLES FL 33134

Title           D  
Name           PORTER STANSBERRY, FRANK  
Address        2525 PONCE DE LEON BLVD., SUITE  
                  1225  
City-State-Zip: CORAL GABLES FL 33134

Title           SD  
Name           FERRI, MARCO  
Address        2525 PONCE DE LEON BLVD., SUITE  
                  1225  
City-State-Zip: CORAL GABLES FL 33134

Title           CFO  
Name           PEREZ, MARIA  
Address        2525 PONCE DE LEON BLVD., SUITE  
                  1225  
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:** TOD BARRETT

D

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date