

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000088701

**Entity Name:** SPECIAL GUEST NETWORK CORP.**Current Principal Place of Business:**245 18TH STREET  
UNIT 603  
MIAMI BEACH, FL 33139**Current Mailing Address:**245 18TH STREET  
UNIT 603  
MIAMI BEACH, FL 33139 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PECCHI, ROBERTO  
245 18TH STREET  
UNIT 603  
MIAMI BEACH, FL 33139 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	PECCHI, ROBERTO
Address	245 18TH STREET, UNIT 603
City-State-Zip:	MIAMI BEACH FL 33139

Title	S
Name	PECCHI, ROBERTO
Address	245 18TH STREET, UNIT 603
City-State-Zip:	MIAMI BEACH FL 33139

Title	D
Name	PECCHI, ROBERTO
Address	245 18TH STREET, UNIT 603
City-State-Zip:	MIAMI BEACH FL 33139

Title	VP
Name	PECCHI, ROBERTO
Address	245 18TH STREET, UNIT 603
City-State-Zip:	MIAMI BEACH FL 33139

Title	T
Name	PECCHI, ROBERTO
Address	245 18TH STREET, UNIT 603
City-State-Zip:	MIAMI BEACH FL 33139

Title	D
Name	MANGIAROTTI, CATERINA M
Address	245 18TH STREET, UNIT 603
City-State-Zip:	MIAMI BEACH FL 33139

*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:** ROBERTO PECCHI

PRESIDENT

01/28/2014

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