

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000027348

**Entity Name:** SIMPLE DISABILITY, INC.

**Current Principal Place of Business:**

8325 W 24TH AVE  
#8  
HIALEAH, FL 33016

**Current Mailing Address:**

8325 W 24TH AVE  
#8  
HIALEAH, FL 33016

**FEI Number:** 46-5237417

**Certificate of Status Desired:** No

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

MULTI BUSINESS CENTER, CORP  
8051 W 24TH AVE  
#8  
HIALEAH, FL 33016 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 GARCIA PRADA, RICHARD  
Address 8325 W 24 AVE  
City-State-Zip: HIALEAH FL 33016

*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:** GARCIA PRADA RICHARD

**PRESIDENT**

**04/25/2017**

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

\_\_\_\_\_  
Date