

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000059607

**FILED  
Mar 12, 2015  
Secretary of State  
CC5233606468**

**Entity Name:** POWER PROTECT EXTENDED SERVICES FLORIDA, INC.

**Current Principal Place of Business:**

3161 MICHELSON DRIVE  
STE. 1900  
IRVINE, CA 92612

**Current Mailing Address:**

3161 MICHELSON DRIVE  
STE. 1900  
IRVINE, CA 92612 US

**FEI Number:** 47-1337660

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRES, DIRECTOR  
Name            SUH, SAM S.  
Address        3161 MICHELSON DRIVE  
                 SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            VP, SECRETARY, DIRECTOR  
Name            PARK, MIN SOK R  
Address        3161 MICHELSON DRIVE  
                 SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            TREA, DIRECTOR  
Name            OH, SUKJIN  
Address        3161 MICHELSON DRIVE  
                 SUITE 1900  
City-State-Zip: IRVINE CA 92612

Title            VP  
Name            FRANKEL, LAWRENCE D.  
Address        3161 MICHELSON DRIVE  
                 SUITE 1900  
City-State-Zip: IRVINE CA 92612

*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:** MIN SOK RANDY PARK

**VICE PRESIDENT,  
SECRETARY & DIRECTOR**

**03/12/2015**

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

\_\_\_\_\_  
Date