

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000073720

**Entity Name:** 2CY, INC.**Current Principal Place of Business:**2645 EXECUTIVE PARK DRIVE  
# 407  
WESTON, FL 33331**Current Mailing Address:**2662 OAKMONT  
WESTON, FL 33332**FEI Number:** 47-5036239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KLASS, RICHARD M  
2662 OAKMONT  
WESTON, FL 33332 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	KLASS, RICHARD M
Address	2662 OAKMONT
City-State-Zip:	WESTON FL 33332

Title	VP
Name	KLASS, RICHARD M
Address	2662 OAKMONT
City-State-Zip:	WESTON, FL 33332

Title	T
Name	KLASS, RICHARD M
Address	2662 OAKMONT
City-State-Zip:	WESTON FL 33332

Title	COB
Name	KLASS, RICHARD M
Address	2662 OAKMONT
City-State-Zip:	WESTON FL 33332

Title	VCOB
Name	KLASS, RICHARD M
Address	2662 OAKMONT
City-State-Zip:	WESTON FL 33332

Title	S
Name	KLASS, RICHARD M
Address	2662 OAKMONT
City-State-Zip:	WESTON FL 33332

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:** RICHARD M. KLASS**PRESIDENT****01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date