

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000006561

**Entity Name:** TIERRA, INC.**Current Principal Place of Business:**7351 TEMPLE TERRACE HWY.  
TAMPA, FL 33637**Current Mailing Address:**7351 TEMPLE TERRACE HWY.  
TAMPA, FL 33637**FEI Number:** 59-3154723**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAHIQUEZ, LUIS F  
7351 TEMPLE TERRACE HWY.  
TAMPA, FL 33637 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 PTD  
Name MAHIQUEZ, LUIS F  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title VP  
Name MOORE, LAWRENCE P  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title VP  
Name STAFFORD, JAMES R  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title VP  
Name BENNETT, HARMON C  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title VP  
Name JEAN, HENRI V  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title SECRETARY  
Name VALDES, MANUEL J  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title VP  
Name BEGOVICH, JEFFREY HM  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title VP  
Name JORDAN, MICHAEL T  
Address 7351 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

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*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:** EDWARD FITZGERALD

CFO

01/20/2015

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

**Officer/Director Detail Continued :**

Title	CFO
Name	FITZGERALD, EDWARD J
Address	7351 TEMPLE TERRACE HWY.
City-State-Zip:	TAMPA FL 33637