

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000042366

**FILED**  
**Mar 09, 2015**  
**Secretary of State**  
**CC1604104186**

**Entity Name:** PRUDENTIAL FLAMERS CORP.

**Current Principal Place of Business:**

500 SOUTH 3RD ST.  
JACKSONVILLE BCH, FL 32250

**Current Mailing Address:**

500 SOUTH 3RD ST.  
JACKSONVILLE BCH, FL 32250 US

**FEI Number:** 59-3188051

**Certificate of Status Desired:** No

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

DARABI, FARZIN  
500 SOUTH 3RD ST.  
JACKSONVILLE BCH, FL 32250 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 PD  
Name DARABI, FARZIN  
Address 63 BEACH AVENUE  
City-State-Zip: ATLANTIC BCH FL 32233

Title STD  
Name PARTOW, RAMIN  
Address 335 ELEVENTH STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name DERAZI, HASSAN  
Address 2941 PONTE VEDRA BLVD SOUTH  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR  
Name OWENS, THERESA  
Address 800 BOYLSTON STREET #FC-06  
City-State-Zip: BOSTON MA 02199

*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:** FARZIN DARABI

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03/09/2015

Electronic Signature of Signing Officer/Director Detail

Date