

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000039405

**Entity Name:** W.B. OFFICE GROUP, INC.

**Current Principal Place of Business:**

11401 S.W. 40TH ST.  
STE. #370  
MIAMI, FL 33165

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC7611724237**

**Current Mailing Address:**

% BUDD LITOWITZ  
11401 SW 40TH ST, #370  
MIAMI, FL 33165 US

**FEI Number: 65-0501268**

**Certificate of Status Desired: No**

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

LITOWITZ, BUDD E  
11401 S.W. 40TH ST.  
STE. #370  
MIAMI, FL 33165 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 LITOWITZ, BUDD  
Address 11401 SW 40 ST STE 370  
City-State-Zip: MIAMI FL 33165

Title VP  
Name LITOWITZ, SUSAN  
Address 11401 SW 40 ST STE 370  
City-State-Zip: MIAMI FL 33165

Title S  
Name LITOWITZ, ARTHUR  
Address 11401 SW 40 ST STE 370  
City-State-Zip: MIAMI FL 33165

*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: BUDD LITOWITZ**

**PRES**

**01/14/2015**

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

\_\_\_\_\_  
Date