## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058681

Entity Name: PROSOLVE INC.

**Current Principal Place of Business:** 

2101 BRICKELL AVE.

#903

MIAMI, FL 33129

**Current Mailing Address:** 

2101 BRICKELL AVE.

#903

MIAMI, FL 33129 US

FEI Number: 65-0518429 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASPER, KATHLEEN G 2101 BRICKELL AVE. #903 MIAMI, FL 33129 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

FILED Jan 11, 2015

**Secretary of State** 

CC6204971962

Officer/Director Detail:

Title D Title C

Name KASPER, MARTIN Name KASPER, KATHLEEN G
Address 4451 KARIBA LAKE TERRACE Address 2101 BRICKELL AVE., #903

City-State-Zip: SARASOTA FL 34243 City-State-Zip: MIAMI FL 33129

Title DIRECTOR

Name MACHADO, CARLOS Address 2101 BRICKELL AVE.

#903

City-State-Zip: MIAMI FL 33129

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: KATHLEEN KASPER

Electronic Signature of Signing Officer/Director Detail

**CHAIRMAN** 

01/11/2015

Date