

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000045298

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC0061681545**

**Entity Name:** COBB MOUNTAIN CORP.

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA, STE. 1500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 14-4200  
CORAL GABLES, FL 33114-4200

**FEI Number:** 65-0594033

**Certificate of Status Desired:** No

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

PERDOMO, MERCEDES  
121 ALHAMBRA PLAZA, SUITE 1500  
CORAL GABLES, FL 33134 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 COBB, SUE M  
Address 121 ALHAMBRA PLAZA, SUITE 1500  
City-State-Zip: CORAL GABLES FL 33134

Title ST  
Name COBB, CHRISTIAN M  
Address 121 ALHAMBRA PLAZA, SUITE 1500  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name COBB, JR, CHARLES E  
Address 121 ALHAMBRA PLAZA, SUITE 1500  
City-State-Zip: CORAL GABLES FL 33134

*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:** SUE COBB

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04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date