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.

V

#### SIGNATURE: HELMUT PAUL

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

### Officer/Director Detail :

Title	PTD	Title	V	
Name	BEHRENS, HELMUT	Name	PAUL, HELMUT	
Address	26491 HICKORY BLVD	Address	8064 TIGER LILY DRIVE	
City-State-Z	lip: BONITA SPRINGS FL 34134	City-State-Zip:	NAPLES FL 34113	
Title	S	Title	DIRECTOR	
Title Name	S PAUL, HELMUT	Title Name	DIRECTOR BEHRENS, AGNES	
	-			
Name	PAUL, HELMUT 8064 TIGER LILY DRIVE	Name	BEHRENS, AGNES	

**Current Principal Place of Business:** 

Entity Name: FLORIDA INVESTMENTS OF SOUTHWEST FLORIDA, INC.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

26491 HICKORY BLVD BONITA SPRINGS. FL 34134

DOCUMENT# P95000062674

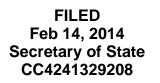
## **Current Mailing Address:**

PO BOX 8987 C/O HELMUT PAUL NAPLES, FL 34101 US

# FEI Number: 65-0600810

Name and Address of Current Registered Agent:

PAUL, HELMUT G 8064 TIGER LILY DRIVE NAPLES, FL 34113 US



Date

Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail

02/14/2014