

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V09429

**FILED  
Jan 12, 2015  
Secretary of State  
CC9834159948**

**Entity Name:** SAPOZNIK & GORFINKEL LTD., INC.

**Current Principal Place of Business:**

219 NORTH MIAMI AVE.  
MIAMI, FL 33128

**Current Mailing Address:**

219 NORTH MIAMI AVE.  
MIAMI, FL 33128 US

**FEI Number:** 65-0327472

**Certificate of Status Desired:** No

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

GORFINKEL NESTOR B  
20818 WEST DIXIE HWY  
AVENTURA, FL 33180 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	Title	VP
Name	WHITE, ANA	Name	GORFINKEL, MARCOS
Address	219 NORTH MIAMI AVE.	Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128
Title	S	Title	T
Name	SAPOZNIK, MARIO	Name	BEN-HAIN, FRIDA
Address	219 NORTH MIAMI AVE.	Address	219 NORTH MIAMI AVE.
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128

*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:** MARIO SAPOZNIK

**SECRETARY**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date