

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006341

Entity Name: FECI HOLDING CORP.**Current Principal Place of Business:**2855 LEJEUNE RD, 4TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2855 LEJEUNE RD, 4TH FLOOR
CORAL GABLES, FL 33134**FEI Number:** 20-2835191**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	SIGNORELLO, VINCENT
Address	2855 LEJEUNE RD, 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VPT
Name	GODOY, RUSTY
Address	2855 LEJEUNE RD, 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VPS
Name	COBB, KOLLEEN
Address	2855 LEJEUNE RD, 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VPAS
Name	RODON, RAFAEL
Address	2855 LEJEUNE RD, 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	TICKELL, KEITH
Address	2855 LEJEUNE RD, 4TH FLOOR
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: KOLLEEN COBB**ATTORNEY IN FACT****04/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date