

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004164

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC7795814831**

**Entity Name:** KRANS & ASSOCIATES, INC.

**Current Principal Place of Business:**

347 N. NEW RIVER DRIVE EAST  
UNIT 701  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

347 N. NEW RIVER DRIVE EAST  
UNIT 701  
FORT LAUDERDALE, FL 33301

**FEI Number:** 20-2189246

**Certificate of Status Desired:** Yes

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

KRANS, MICHAEL J  
347 N. NEW RIVER DRIVE EAST  
UNIT 701  
FORT LAUDERDALE, FL 33301 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	CHRM	Title	PD
Name	KRANS, MICHAEL J	Name	KRANS, MICHAEL J
Address	347 N. NEW RIVER DRIVE EAST, UNIT 701	Address	347 N. NEW RIVER DRIVE EAST, UNIT 701
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301

  

Title	STD
Name	KRANS, LORI M
Address	347 N. NEW RIVER DRIVE EAST, UNIT 701
City-State-Zip:	FORT LAUDERDALE FL 33301

*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: MICHAEL J KRANS** **PD** **01/13/2015**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date