

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002394

**Entity Name:** SPECIALTY REPORTS, INC.

**Current Principal Place of Business:**

370 LEXINGTON AVE  
SUITE 1901  
NEW YORK, NY 10017

**Current Mailing Address:**

370 LEXINGTON AVE  
SUITE 1901  
NEW YORK, NY 10017 US

**FEI Number:** 30-0298178

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 CDP  
Name HAVENS, ANTHONY L  
Address 370 LEXINGTON AVE.  
SUITE 1901  
City-State-Zip: NEW YORK NY 10017

Title DST  
Name ADLER, ANTHONY W  
Address 370 LEXINGTON AVE.  
SUITE 1901  
City-State-Zip: NEW YORK NY 10017

Title DR  
Name DOBISH, JEFFREY P  
Address 4312 GLENDON PLACE  
City-State-Zip: VALRICO FL 33596

*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:** ANTHONY W. ADLER

D,T

02/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date