

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005894

FILED  
Mar 22, 2012  
Secretary of State

Entity Name: LAVAFLow, INC.

## Current Principal Place of Business:

301 S MISSOURI AVENUE  
CLEARWATER, FL 33756 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 30509  
ATTN: TAX & REPORTING  
TAMPA, FL 33631 US

## New Mailing Address:

FEI Number: 01-0634946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D  
Name: BARTLETT, RICHARD  
Address: 390 GREENWICH STREET  
City-St-Zip: NEW YORK, NY 10013 US

Title: D  
Name: KEEGAN, DANIEL  
Address: 390 GREENWICH STREET  
City-St-Zip: NEW YORK, NY 10013 US

Title: P  
Name: PROCOPION, JOHN C  
Address: 388 GREENWICH STREET  
City-St-Zip: NEW YORK, NY 10013 US

Title: T  
Name: NOZARI, ARDAVAN  
Address: 388 GREENWICH STREET  
City-St-Zip: NEW YORK, NY 10013 US

Title: S  
Name: KELTZ, STEVE  
Address: 390 GREENWICH STREET  
City-St-Zip: NEW YORK, NY 10013 US

Title: AS  
Name: HOFFMAN, LISA A  
Address: 3800 CITIGROUP CENTER DRIVE  
City-St-Zip: TAMPA, FL 33610 US

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: LISA A HOFFMAN

AS

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date