

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000036972

Entity Name: 17220 SOUTH DIXIE, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17220 S DIXIE HWY  
PERRINE, FL 331574351

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1454  
PROVIDENCE, RI 02901

**New Mailing Address:**

FEI Number: 04-2699699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KESHEN, NELSON C  
TWO DATRAN CENTER STE 1511  
9130 S DADELAND BLVD  
MIAMI, FL 33156 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: PTD  
Name: WIGGINGS, TREVOR J  
Address: 615 RESERVOIR AVE  
City-St-Zip: CRANSTON, RI 02910

Title: S  
Name: STOLER, JEFFREY  
Address: 225 FRANKLIN ST  
City-St-Zip: BOSTON, MA 02110

Title: AS  
Name: WILMOT, MARK A  
Address: 138 ATWELLS AVE  
City-St-Zip: PROVIDENCE, RI 02903

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: MARK A. WILMOT

AS

01/10/2011

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

\_\_\_\_\_  
Date