2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083713

Entity Name: LUIZ SUPLICY JR., P.A.

FILED Apr 11, 2012 Secretary of State

| Owner of Primaries I Place of | Pusinger | New Principal Place of | : Puningan | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------|--|
| Current Principal Place of Business: | | New Principal Place of Business: | | |
| 445 GRAND BAY DR. APT. 216 KEY BISCAYNE, FL 33149 | US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 445 GRAND BAY DR. APT. 216 | | | | |
| KEY BISCAYNE, FL 33149 | US | | | |
| FEI Number: 26-3345291 F | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of I | Name and Address of New Registered Agent: | |
| LARSON ACCOUNTING CO 8615 COMMODITY CIRCLE SUITE 6 ORLANDO, FL 32819 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 S | Signature of Registered Ager | nt | Date | |
| | | | | |

OFFICERS AND DIRECTORS:

Title:

Name: SUPLICY, LUIZ

Address: 445 GRAND BAY DR APT. 216 City-St-Zip: KEY BISCAYNE, FL 33149 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: LUIZ SUPLICY P 04/11/2012