

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000005527

**FILED**  
**Jun 06, 2012**  
**Secretary of State**

**Entity Name:** STONEWOLF BENEFITS, INC.

**Current Principal Place of Business:**

1395 BRICKELL AVE  
SUITE 800  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1395 BRICKELL AVE  
SUITE 800  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 27-1718605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAVES-ORREGO, LUIS F  
9150 S. DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156 US

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

WALTON, CORY R  
1395 BRICKELL AVE.  
SUITE 800  
MIAMI, FL 33131 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: CORY R. WALTON

06/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MGR  
Name: CHAVES-ORREGO, LUIS F  
Address: 1395 BRICKELL AVE SUITE 800  
City-St-Zip: MIAMI, FL 33131 US

Title: MGR  
Name: WALTON, CORY R  
Address: 1395 BRICKELL AVE SUITE 800  
City-St-Zip: MIAMI, FL 33131 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: CORY R WALTON

MGR

06/06/2012

Electronic Signature of Signing Officer or Director

Date