

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000054634

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** RAVING WOLF TECHNIQUE INCORPORATED

**Current Principal Place of Business:**

2979 NORTH DIXIE HIGHWAY  
737  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

3200 S ANDRES AVE  
202F  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2979 NORTH DIXIE HIGHWAY  
737  
OAKLAND PARK, FL 33334

**New Mailing Address:**

3200 SOUTH ANDREWS AVE  
202F  
FORT LAUDERDALE, FL 33316

**FEI Number:** 27-2955974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANTHIER, LOVELY  
2979 NORTH DIXIE HIGHWAY  
737  
OAKLAND PARK, FL 33334 US

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

GANTHIER, LOVELY  
3200 S ANDREWS AVE  
202F  
FORT LAUDERDALE, FL 33316 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:

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: WILLIAMS, MIGUEL  
Address: 3200 S ANDREWS AVE 202F  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP  
Name: GANTHIER, LOVELY  
Address: 3200 S ANDREWS AVE 202F  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S  
Name: GANTHIER, LOVELY  
Address: 2979 NORTH DIXIE HIGHWAY  
City-St-Zip: OAKLAND PARK, FL 33334

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: MIGUEL WILLIAMS

P

04/22/2011

Electronic Signature of Signing Officer or Director

Date