

2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 SEP 25 PM 1:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



10142013 Chg-P CR2E034 (12/11)

DOCUMENT # P11000076816 1. Entity Name TIFFANIE M. ANDERSON, P.A.			
Principal Place of Business 2600 S. OCEAN DRIVE, APT S 211 HOLLYWOOD, FL 33019		Mailing Address 2600 S. OCEAN DRIVE, APT S 211 HOLLYWOOD, FL 33019	
2. Principal Place of Business, No P.O. Box # 7401 Wiles Road Suite, Apt. #, etc. Suite 314 City & State Coral Springs, FL Zip 33067 Country USA		3. Mailing Address 7401 Wiles Road Suite, Apt. #, etc. Suite 314 City & State Coral Springs, FL Zip 33067 Country USA	
4. FEI Number 45-3133204		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Kendra Holman Street Address (P.O. Box Number is Not Acceptable) 7401 Wiles Road Suite 314 City Coral Springs FL Zip Code 33067	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>K Holman</u> DATE <u>10-16-2013</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D ANDERSON, TIFFANIE M 2600 S. OCEAN DRIVE, APT S 211 HOLLYWOOD, FL 33019	☒ Change ☐ Addition D Anderson, Tiffanie M 7401 Wiles Road Suite 314 Coral Springs FL 33067	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Tiffanie Anderson</u>		DATE: <u>10/16/13</u> E-MAIL ADDRESS: <u>tiffanie.anderson@gmail.com</u>	

10/9/13

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Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
2cc3f2d6-3946-4b15-90ba-0b17f25d8a99	P11000076816	0	2	4/26/2012 12:00:00 AM
p11000076816-bd2d15b1-5d25-47c6-b209-868576085f38	P11000076816	550	0	9/25/2013 2:26:51 PM

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