

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026514

FILED
Feb 13, 2012
Secretary of State

Entity Name: S/ELA GP, INC.

Current Principal Place of Business:

301 E. LAS OLAS BLVD.
7TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

301 E. LAS OLAS BLVD.
7TH FLOOR
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 65-0910029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPOSITO, ROBERT
C/O STILES CORPORATION
301 E. LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 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: PD
Name: STILES, TERRY W
Address: 301 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VT
Name: EAGON, DOUGLAS P
Address: 301 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VS
Name: ESPOSITO, ROBERT
Address: 301 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V
Name: SIEGEL, DAVID
Address: 301 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V
Name: FERRERA, ROCCO
Address: 301 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V
Name: OSHEA, DENNIS F
Address: 301 E. LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

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: TERRY W. STILES

P

02/13/2012

Electronic Signature of Signing Officer or Director

_____ Date