

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 184972

**Entity Name:** ROBERT W. GOTTFRIED, INC.

**Current Principal Place of Business:**

621 BANYAN BLVD  
W. PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 54  
PALM BEACH, FL 33480 US

**FEI Number:** 59-0773462

**Certificate of Status Desired:** No

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

GOTTFRIED, PAMELA  
621 BANYAN BLVD  
W. PALM BEACH, FL 33401 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 Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PD	Title	VP
Name	GOTTFRIED, PAMELA	Name	GOTTFRIED, PAMELA
Address	P.O. BOX 54	Address	P.O. BOX 54
City-State-Zip:	PALM BEACH FL 33480	City-State-Zip:	PALM BEACH FL 33480

*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:** PAMELA GOTTFRIED

**PRES**

**02/22/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date