

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H70321

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC1359958115**

**Entity Name:** HARONITIS & ASSOCIATES, INC.

**Current Principal Place of Business:**

C/O DEPT. OF FINANCE AND CORP. ADMIN.  
163 IDEMA ROAD L3R 1A9  
MARKHAM, ONTARIO, CANADA, L3R 1-A9

**Current Mailing Address:**

C/O DEPT. OF FINANCE AND CORP. ADMIN.  
163 IDEMA ROAD L3R 1A9  
MARKHAM, ONTARIO, CANADA, L3R 1-A9 AF

**FEI Number:** 59-2566053

**Certificate of Status Desired:** Yes

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

COLON, EDUARDO N  
10031 PINES BLVD.  
SUITE 238  
PEMBROKE PINES, FL 33024 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  
Name HARONITIS, NIKOS S  
Address 521 RUNNYMEDE ROAD  
City-State-Zip: TORONTO, CANADA M6S 2-Z8

Title ST  
Name HARONITIS, NIKOS S  
Address 521 RUNNYMEDE ROAD  
City-State-Zip: TORONTO, CANADA M6S 2-Z8

Title D  
Name HARONITIS, EMMANUEL  
Address 811 COXWELL AVENUE  
City-State-Zip: TORONTO, CANADA M4C 3-E5

Title D  
Name MAGNUSON, HENRY A  
Address 6329 SEA HAVEN DRIVE  
City-State-Zip: HIXSON, TN 37343

*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:** NIKOS S. HARONITIS

**PRESIDENT/DIRECTOR  
OF OPERATIONS**

**03/07/2014**

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

\_\_\_\_\_  
Date