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

SIGNATURE: ALICIA MARTI RODRIGUEZ

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

201	4 FLORIDA	PROFIT	CORPORA	TION AN	NNUAL I	REPORT

DOCUMENT# K73049

Entity Name: ALICIA MARTI RODRIGUEZ, P.A.

Current Principal Place of Business:

%ALICIA MARTI RODRIGUEZ 5001 S. W. 74 CT. MIAMI, FL 33155-5521

Current Mailing Address:

%ALICIA MARTI RODRIGUEZ 5001 S. W. 74 CT. MIAMI, FL 33155-5521

FEI Number: 65-0137451

Name and Address of Current Registered Agent:

ALICIA MARTI RODRIGUEZ, 5001 S. W. 74 CT MIAMI, FL 33155 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

Officer/Director Detail :

Title	Р	Title	S
Name	RODRIGUEZ, ALICIA MARTI	Name	RODRIGUEZ, OVIDIO P.
Address	5001 S. W. 74 CT	Address	7101 SW 69 AVE.
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	SO. MIAMI FL 33143

CC8273358151					

FILED Jan 20, 2014

Secretary of State

Certificate of Status Desired: No

01/20/2014

PRE

Date