

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L82912

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC5475812666**

**Entity Name:** FEROB CORPORATION

**Current Principal Place of Business:**

845 5TH STREET  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

845 5TH STREET  
MIAMI BEACH, FL 33139

**FEI Number:** 65-0201675

**Certificate of Status Desired:** No

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

PALMA, ADRIAN  
845 5TH STREET  
MIAMI BEACH, FL 33139 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            DIRECTOR  
Name            PALMA, ROBERTO  
Address        748 N.W. 133RD AVE.  
City-State-Zip: MIAMI FL

Title            P  
Name            PALMA, JORGE M.  
Address        11760 SW 24 TERRACE  
City-State-Zip: MIAMI FL

Title            V  
Name            PALMA, ADRIAN  
Address        5333 COLLINS AVE., #408  
City-State-Zip: MIAMI BEACH FL 33140

Title            T  
Name            PALMA, RAUL  
Address        9425 SW 8 TERR  
City-State-Zip: MIAMI FL

Title            S  
Name            PALMA, RAUL  
Address        9425 S. W. 8 TERR  
City-State-Zip: MIAMI FL

*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:** ADRIAN PALMA

VP

02/27/2014

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

\_\_\_\_\_  
Date