

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000022724

**Entity Name:** ESPOFLORIDA, CORP.**Current Principal Place of Business:**12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837**Current Mailing Address:**12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837**FEI Number:** 65-1100153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESPOSITO, ALESSANDRO H  
12701 S JOHN YOUNG PKWY  
SUITE 209  
ORLANDO, FL 32837 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	ESPOSITO, ANTONIO C
Address	12701 S JOHN YOUNG PKWY SUITE 209
City-State-Zip:	ORLANDO FL 32837

Title	OMD
Name	NOTARO, JOSE A
Address	12701 S JOHN YOUNG PKWY SUITE 209
City-State-Zip:	ORLANDO FL 32837

Title	DMD
Name	ESPOSITO, ANTONIO E
Address	12701 S JOHN YOUNG PKWY SUITE 209
City-State-Zip:	ORLANDO FL 32837

Title	GMD
Name	ESPOSITO, ALESSANDRO H
Address	12701 S JOHN YOUNG PKWY SUITE 209
City-State-Zip:	ORLANDO FL 32837

Title	VD
Name	ESPOSITO, ALBERTO L
Address	12701 S JOHN YOUNG PKWY SUITE 209
City-State-Zip:	ORLANDO FL 32837

Title	AMD
Name	ESPOSITO, ALBERTO S
Address	12701 S JOHN YOUNG PKWY SUITE 209
City-State-Zip:	ORLANDO FL 32837

*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: ALESSANDRO ESPOSITO****GMD****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date