

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135225

**Entity Name:** PROTECCION PLENITUD, INC.

**Current Principal Place of Business:**

3399 NW 72ND AV, SUITE 107  
MIAMI, FL 33122

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC6323345284**

**Current Mailing Address:**

3399 NW 72ND AV, SUITE 107  
MIAMI, FL 33122

**FEI Number: 20-3584629**

**Certificate of Status Desired: No**

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

OQUENDO, JAIME  
3399 NW 72ND AV  
107  
MIAMI, FL 33122 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 OQUENDO, JAIME H  
Address 20801 BISCAYNE BLVD. #410  
City-State-Zip: AVENTURA FL 33180

Title VPD  
Name OQUENDO, MARIO  
Address 20801 BISCAYNE BLVD. #410  
City-State-Zip: AVENTURA FL 33180

Title TD  
Name TORO, CARLOS M  
Address 20801 BISCAYNE BLVD. #410  
City-State-Zip: AVENTURA FL 33180

Title S  
Name ANGEL, MARCO  
Address 20801 BISCAYNE BLVD. #410  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name BOTERO, MONICA A  
Address 20801 BISCAYNE BLVD. #410  
City-State-Zip: AVENTURA FL 33180

*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: MONICA BOTERO H.**

**MANAGER**

**04/15/2013**

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

\_\_\_\_\_  
Date