

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000049445

**Entity Name:** WILD STORM, INC.

**Current Principal Place of Business:**

1110 BRICKELL AVE.  
SUITE 310  
MIAMI, FL 33131

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC8208376535**

**Current Mailing Address:**

1110 BRICKELL AVE.  
SUITE 310  
MIAMI, FL 33131 US

**FEI Number:** 20-5410243

**Certificate of Status Desired:** No

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

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVE.  
SUITE 310  
MIAMI, FL 33131 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 DP  
Name ABUMOHOR, ROBERTO  
Address 1110 BRICKELL AVE.  
SUITE 310  
City-State-Zip: MIAMI FL 33131

Title DV  
Name ABUMOHOR, RICARDO  
Address 1110 BRICKELL AVE.  
SUITE 310  
City-State-Zip: MIAMI FL 33131

Title DS  
Name ABUMOHOR, VALENTINA  
Address 1110 BRICKELL AVE.  
SUITE 310  
City-State-Zip: MIAMI FL 33131

*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:** ABUMOHOR , ROBERTO

**DIRECTOR**

**04/22/2013**

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

\_\_\_\_\_  
Date