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: MAYELIN ALAMO

Electronic Signature of Signing Officer/Director Detail

PRES

01/30/2014

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035355

Entity Name: MIAMI DADE RECOVERY INC.

Current Principal Place of Business:

10773 NW 58 STREET 66 MIAMI, FL 33178

Current Mailing Address:

10773 NW 58 STREET 66 MIAMI, FL 33178

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

INCORVIA ESQ, JOHN 14 BOULDER ROCK DR PALM COAST, FL 32137 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 :** PTS Title Title VD ALAMO, MAYELIN GARCIA, NELSON Name Name 10773 NW 58 STREET, #66 10773 NW 58 ST #66 Address Address City-State-Zip: MIAMI FL 33178 City-State-Zip: MIAMI FL 33178

FILED
Jan 30, 2014
Secretary of State
CC2291987312

Certificate of Status Desired: No

Date

Date