

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000087918

**Entity Name:** METHOD LABORATORIES, INC.

**Current Principal Place of Business:**

1920 NORTH MIAMI AVENUE  
MIAMI, FL 33136

**Current Mailing Address:**

1920 NORTH MIAMI AVENUE  
MIAMI, FL 33136

**FEI Number: 26-0645825**

**Certificate of Status Desired: No**

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

GETKER, PATRICIA M  
1920 NORTH MIAMI AVENUE  
MIAMI, FL 33136 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	P	Title	VP
Name	GETKER, PATRICIA M	Name	SAVITZ, MICHAEL
Address	1920 NORTH MIAMI AVENUE	Address	1920 NORTH MIAMI AVENUE
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI FL 33138

*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: PATRICIA GETKER**

**PRESIDENT**

**01/29/2014**

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

\_\_\_\_\_  
Date