

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000128842

**Entity Name:** MY AGENT SOLUTION, INC.**Current Principal Place of Business:**1002 EAST NEWPORT CENTER DR  
SUITE 200  
DEERFIELD BEACH, FL 33442**Current Mailing Address:**1002 EAST NEWPORT CENTER DR  
SUITE 200  
DEERFIELD BEACH, FL 33442 US**FEI Number:** 26-1523720**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, SETH VP  
1002 EAST NEWPORT CENTER DR  
SUITE 200  
DEERFIELD BEACH, FL 33442 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:** SETH COHEN

07/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P D
Name	COHEN, ARNOLD
Address	1002 EAST NEWPORT CENTER DR SUITE 200
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	VPD
Name	COHEN, SETH
Address	1002 EAST NEWPORT CENTER DR SUITE 200
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	VPTD
Name	COHEN, BRADLEY
Address	1002 EAST NEWPORT CENTER DR SUITE 200
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	D
Name	SILVESTRE, LUIS
Address	1002 EAST NEWPORT CENTER DR SUITE 200
City-State-Zip:	DEERFIELD BEACH FL 33442

*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:** SETH COHEN

VP

07/28/2014

Electronic Signature of Signing Officer/Director Detail

Date