

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000109410

**Entity Name:** RQL ENTERPRISES, INC.

**Current Principal Place of Business:**

2760 BRAMAN AVE  
SUITE 2  
FORT MYERS, FL 33901

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC8730851132**

**Current Mailing Address:**

2760 BRAMAN AVENUE,  
SUITE #2  
FORT MYERS, FL 33901 US

**FEI Number:** 43-1643490

**Certificate of Status Desired:** No

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

CIARROCCHI, ROBERT J  
5549 WHISPERING WILLOW WAY  
FORT MYERS, FL 33908 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  
Name CIARROCCHI, ROBERT J  
Address 5549 WHISPERING WILLOW WAY  
City-State-Zip: FORT MYERS FL 33908

Title VP  
Name GARLACZ, GARY  
Address 2760 BRAMAN AVE  
SUITE 2  
City-State-Zip: FORT MYERS FL 33901

Title ST  
Name CIARROCCHI, LEN  
Address 2760 BRAMAN AVE  
SUITE 2  
City-State-Zip: FORT MYERS FL 33901

*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:** ROBERT CIARROCCHI

**REGISTERED AGENT**

**01/08/2014**

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

\_\_\_\_\_  
Date