

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000111096

Entity Name: RESMAC, INC.**Current Principal Place of Business:**5400 BROKEN SOUND BOULEVARD NW, SUITE 600
BOCA RATON, FL 33487**Current Mailing Address:**5400 BROKEN SOUND BOULEVARD NW, SUITE 600
BOCA RATON, FL 33487 US**FEI Number:** 26-3943038**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KOPELOWITZ, HARVEY G
5400 BROKEN SOUND BOULEVARD NW
SUITE 600
BOCA RATON, FL 33487 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	HAWS, NELSON JR.
Address	5400 BROKEN SOUND BOULEVARD NW, SUITE 600
City-State-Zip:	BOCA RATON FL 33487

Title	CHAIRMAN
Name	KOPELOWITZ, HARVEY
Address	5400 BROKEN SOUND BOULEVARD NW, SUITE 600
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	KOPELOWITZ, HARVEY
Address	5400 BROKEN SOUND BOULEVARD NW, SUITE 600
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	HAWS, NELSON S JR.
Address	5400 BROKEN SOUND BOULEVARD NW, SUITE 600
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	KOPELOWITZ, BRIAN
Address	5400 BROKEN SOUND BOULEVARD NW SUITE 600
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER
Name	JAMES, CURTIS
Address	5400 BROKEN SOUND BOULEVARD NW SUITE 600
City-State-Zip:	BOCA RATON FL 33487

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: HARVEY KOPELOWITZ**DIRECTOR****01/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date