

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009574

**Entity Name:** NPC FINANCIAL, INC.

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 1740  
MIAMI, FL 33131

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC6998297955**

**Current Mailing Address:**

2 SOUTH BISCAYNE BOULEVARD  
SUITE 1740  
MIAMI, FL 33131 US

**FEI Number: 26-4174608**

**Certificate of Status Desired: No**

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

NEWMAN, JEFFREY E  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 1740  
MIAMI, FL 33131 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 PD  
Name NEWMAN, JEFFREY E  
Address 2 SOUTH BISCAYNE BOULEVARD,  
SUITE 1740  
City-State-Zip: MIAMI FL 33131

Title VPD  
Name NEWMAN, ROBERT B  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 1740  
City-State-Zip: MIAMI FL 33131

Title ST  
Name NEWMAN, ROBERT B  
Address 2 SOUTH BISCAYNE BOULEVARD  
SUITE 1740  
City-State-Zip: MIAMI FL 33131

*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: JEFFREY NEWMAN**

**PD**

**01/15/2015**

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

\_\_\_\_\_  
Date