#### 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: JASON BURLIN PRESIDENT

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

Electronic Signature of Signing Officer/Director Detail

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DOCUMENT# P09000027064

Entity Name: LAPROM MOVING INC.

# **Current Principal Place of Business:**

10812 N.W. 6TH CT. UNIT B MIAMI, FL 33168

### **Current Mailing Address:**

10812 N.W. 6TH CT. MIAMI, FL 33168

#### FEI Number: 26-4536932

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

**Officer/Director Detail :** Title DPS Title V **BURLIN, JASON** KOURINE, AMIR Name Name 199 EAST FLAGLER STREET, #575 Address 1910 BIARRITZ DR #3 Address City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI BEACH FL 33141

Date Electronic Signature of Registered Agent

01/14/2014

FILED Jan 14, 2014 Secretary of State CC4724060562

Certificate of Status Desired: No

Date