

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021654

**Entity Name:** DECRESCENTE TAX PARTNERS, INC.

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC6800138815**

**Current Principal Place of Business:**

7333 CORAL WAY  
202  
MIAMI, FL 33155

**Current Mailing Address:**

7333 CORAL WAY  
202  
MIAMI, FL 33155

**FEI Number: 30-0606873**

**Certificate of Status Desired: No**

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

DECRESCENTE, MICHAEL AJR  
7333 CORAL WAY  
202  
MIAMI, FL 33155 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	Title	VP
Name	DECRESCENTE, MICHAEL AJR.	Name	DECRESCENTE, COLEEN
Address	7333 CORAL WAY	Address	7333 CORAL WAY
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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: COLEEN DECRESCENTE**

**VP**

**01/16/2013**

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

\_\_\_\_\_  
Date