

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021654

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

**Current Principal Place of Business:**

9415 SUNSET DRIVE  
264  
MIAMI, FL 33173

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC7982664447**

**Current Mailing Address:**

9415 SUNSET DRIVE  
264  
MIAMI, FL 33173 US

**FEI Number: 30-0606873**

**Certificate of Status Desired: No**

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

DECRESCENTE, MICHAEL AJR  
9415 SUNSET DRIVE  
264  
MIAMI, FL 33173 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            DECRESCENTE, MICHAEL AJR.  
Address        9415 SUNSET DRIVE  
                  264  
City-State-Zip: MIAMI FL 33173

Title            VP  
Name            DECRESCENTE, COLEEN  
Address        9415 SUNSET DRIVE  
                  264  
City-State-Zip: MIAMI FL 33173

*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**

**01/09/2014**

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

\_\_\_\_\_  
Date