

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000070198

**Entity Name:** CATARSIS INC.**Current Principal Place of Business:**3715 SW 8TH STREET  
CORAL GABLES, FL 33134**Current Mailing Address:**C/O 1050 BRICKELL AVENUE, STE 1420  
MIAMI, FL 33131**FEI Number:** 27-3330896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORREA, MARISOL  
C/O 1050 BRICKELL AVENUE, STE 1420  
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	DP
Name	CORREA, MARISOL
Address	C/O 1050 BRICKELL AVENUE, STE 1420
City-State-Zip:	MIAMI FL 33131

Title	DT
Name	CORREA, MARISOL
Address	C/O 1050 BRICKELL AVENUE, STE 1420
City-State-Zip:	MIAMI FL 33131

Title	DV
Name	ANGULO, JORGE
Address	350 SOUTH MIAMI AVE. APT. 2901
City-State-Zip:	MIAMI FL 33130

Title	DS
Name	ANGULO, JORGE
Address	350 SOUTH MIAMI AVE. APT 2901
City-State-Zip:	MIAMI FL 33130

*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:** JORGE ANGULO**DIRECTOR****03/10/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date