

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053935

**Entity Name:** ENTERPRISES EDUCATION AND THERAPEUTIC OF AMERICA, INC.

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC0508648615**

**Current Principal Place of Business:**

710 E MAIN ST  
STE B  
BARTOW, FL 33830

**Current Mailing Address:**

PO BOX 209  
BARTOW, FL 33831-0209

**FEI Number: 45-2511779**

**Certificate of Status Desired: Yes**

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

VIERA, MELBA A  
710 E. MAIN ST.  
STE A  
BARTOW, FL 33830 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 RODRIGUEZ-ARROYO, RAMON L  
Address 710 E MAIN ST STE B  
City-State-Zip: BARTOW FL 33830

Title T  
Name COLON, NELIDIA  
Address 710 E MAIN ST STE B  
City-State-Zip: LAKELAND FL 33830

Title VP  
Name VAZQUEZ-MOLINA, SONIA L  
Address 710 E. MAIN STREET, STE A  
City-State-Zip: BARTOW FL 33830

Title S  
Name VIERA, MELBA A  
Address 710 E. MAIN STREET, STE A  
City-State-Zip: BARTOW FL 33830

*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: RAMON L. RODRIGUEZ-ARROYO**

**PRESIDENT**

**04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date