

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000001597

**FILED**  
**Jan 15, 2017**  
**Secretary of State**  
**CC6444787597**

**Entity Name:** THEODORIC ADMINISTRATION CORP.

**Current Principal Place of Business:**

1901 E. ATLANTIC BLVD  
POMPANO, FL 33060

**Current Mailing Address:**

1901 E. ATLANTIC BLVD  
POMPANO, FL 33060

**FEI Number: 45-4194521**

**Certificate of Status Desired: Yes**

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

PORTER, LAURA  
2665 NE 26TH AVE  
LIGHTHOUSE POINT, FL 33064 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,S  
Name            PORTER, LAURA  
Address        1901 E. ATLANTIC BLVD  
City-State-Zip: POMPANO BEACH FL 33060

Title            T  
Name            PORTER, DANIEL  
Address        1901 E. ATLANTIC BVL D  
City-State-Zip: POMPANO BEACH FL 33060

*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: LAURA PORTER**

**PRES**

**01/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date