

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000057024

**FILED  
May 02, 2017  
Secretary of State  
CC0930189882**

**Entity Name:** 1219 PENNSYLVANIA AVENUE INC.

**Current Principal Place of Business:**

1219 PENNSYLVANIA AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1437 DANDELION LANE  
WEST PALM BEACH, FL 33415 US

**FEI Number:** 47-1485479

**Certificate of Status Desired:** No

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

HOOPERWERF, MARION  
1219 PENNSYLVANIA AVE #4  
MIAMI BEACH, FL 33139 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 HOOPERWERF, MARION  
Address 182 BLEECKER STREET  
#1  
City-State-Zip: NEW YORK NY 10012

Title VP  
Name HOOPERWERF, MARION  
Address 182 BLEECKER STREET  
City-State-Zip: NEW YORK NY 10012

Title SECRETARY  
Name HOOPERWERF, ARIEN  
Address 1437 DANDELION LANE  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** ARIEN HOOPERWERF

**SECRETARY**

**05/02/2017**

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

\_\_\_\_\_  
Date