

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000047407

**FILED**  
**Mar 26, 2016**  
**Secretary of State**  
**CC3696403886**

**Entity Name:** FACILITIES SERVICES CORP OF FLORIDA

**Current Principal Place of Business:**

15330 PHILLIPS ROAD  
ODESSA, FL 33556

**Current Mailing Address:**

15330 PHILLIPS ROAD  
ODESSA, FL 33556 US

**FEI Number:** 47-4126180

**Certificate of Status Desired:** Yes

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

CAPOTE, JORGE R  
15330 PHILLIPS ROAD  
ODESSA, FL 33556 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 CAPOTE, JORGE R  
Address 15330 PHILLIPS ROAD  
City-State-Zip: ODESSA FL 33556

Title S,T  
Name CAPOTE, ODALYS A  
Address 15330 PHILLIPS ROAD  
City-State-Zip: ODESSA FL 33556

Title VP  
Name CAPOTE, CHRISTOPHER LANDI  
Address 15330 PHILLIPS ROAD  
City-State-Zip: ODESSA FL 33556

*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 R CAPOTE

**PRESIDENT**

**03/26/2016**

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

\_\_\_\_\_  
Date