

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000089511

**Entity Name:** ANTHONY T. LEPORE ESQ., P.A.

**Current Principal Place of Business:**

4101 ALBEMARLE ST NW #324  
WASHINGTON, DC 20016

**Current Mailing Address:**

P.O. BOX 823662  
SOUTH FLORIDA, FL 33082-3662 US

**FEI Number:** 65-0636175

**Certificate of Status Desired:** No

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

MILES, KAY  
10571 SANTA LAGUNA DRIVE  
BOCA RATON, FL 33428 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 PD  
Name LEPORE, ANTHONY T  
Address 4101 ALBEMARLE ST NW #324  
City-State-Zip: WASHINGTON DC 20016-2151

*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:** ANTHONY T LEPORE

**PRESIDENT**

**04/19/2014**

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

\_\_\_\_\_ Date