

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000084559

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC1522268157**

**Entity Name:** ADVANCED ASSET PROTECTION INSTITUTE, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
STE 320  
MIAMI, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
STE 320  
MIAMI, FL 33134 US

**FEI Number:** 65-0703904

**Certificate of Status Desired:** No

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

DONLEVY-ROSEN, PATRICIA  
2121 PONCE DE LEON BLVD.  
STE 320  
CORAL GABLES, FL 33134 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 DONLEVY-ROSEN, PATRICIA  
Address 2121 PONCE DE LEON BLVD STE 320  
City-State-Zip: MIAMI FL 33134

Title STD  
Name ROSEN, HOWARD D  
Address 2121 PONCE DE LEON BLVD STE 320  
City-State-Zip: MIAMI FL 33134

*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:** HOWARD ROSEN

**TREASURER**

**01/11/2014**

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

\_\_\_\_\_  
Date