

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000081932

**FILED**  
**Feb 21, 2016**  
**Secretary of State**  
**CC2034725756**

**Entity Name:** DPRE CORPORATION

**Current Principal Place of Business:**

3623 WEST KENNEDY BLVD  
TAMPA, FL 33609

**Current Mailing Address:**

P.O. BOX 262109  
TAMPA, FL 33685 US

**FEI Number:** 65-0865284

**Certificate of Status Desired:** No

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

AMERILAWYER  
343 ALMERIA AVENUE  
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 MILLER, PAULA A  
Address P.O. BOX 262109  
City-State-Zip: TAMPA FL 33685

Title STD  
Name BARAN, EMILY H  
Address P.O. BOX 262109  
City-State-Zip: TAMPA FL 33685

Title D  
Name MILLER, DAWN L  
Address P.O. BOX 262109  
City-State-Zip: TAMPA FL 33685

Title D  
Name MILLER, RUSSELL K  
Address P.O. BOX 262109  
City-State-Zip: TAMPA FL 33685

Title VD  
Name MILLER, RACHAEL R  
Address P.O. BOX 262109  
City-State-Zip: TAMPA FL 33685

*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:** EMILY H. BARAN

**STD**

**02/21/2016**

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

\_\_\_\_\_  
Date