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. 04/05/2019

SIGNATURE: ADRIANA DELORENZO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P02000042584

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ADRIANA DELORENZO, P.A.

Current Principal Place of Business:

1721 N.E. 164TH ST. NORTH MIAMI BEACH. FL 33162

Current Mailing Address:

3359 NORTH PARK DRIVE FORT PIERCE, FL 34982 US

FEI Number: 36-4494421

Name and Address of Current Registered Agent:

DELORENZO, ADRIANA 3359 NORTH PARK DRIVE FORT PIERCE, FL 34982 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

Officer/Director Detail :

Title	PD	Title	MANAGER
Name	DELORENZO, ADRIANA	Name	VIZQUEL, JOSE ALFREDO
Address	3359 NORTH PARK DRIVE	Address	3359 NORTH PARK DRIVE
City-State-Zip:	FORT PIERCE FL 34982	City-State-Zip:	FORT PIERCE FL 34982

Certificate of Status Desired: No

FILED Apr 05, 2019 Secretary of State 5421362453CC

Date

PRESIDENT

Date