

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000060525

**Entity Name:** DORISSA MIAMI, INC.

**Current Principal Place of Business:**

1200 BRICKELL AVENUE  
SUITE 425  
MIAMI, FL 33131

**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC0480167339**

**Current Mailing Address:**

1200 BRICKELL AVENUE  
SUITE 425  
MIAMI, FL 33131 US

**FEI Number:** 20-2780269

**Certificate of Status Desired:** No

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

POCATERRA, CRISTINA  
1200 BRICKELL AVENUE  
SUITE 425  
MIAMI, FL 33131 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            PRESIDENT  
Name            MALDONADO, VERONICA  
Address        1200 BRICKELL AVENUE  
                  SUITE 425  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            MALDONADO ZARIKIAN, SAMUEL  
Address        1200 BRICKELL AVENUE  
                  SUITE 425  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            POCATERRA, CRISTINA  
Address        1200 BRICKELL AVENUE  
                  SUITE 425  
City-State-Zip: MIAMI FL 33131

*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:** CRISTINA POCATERRA

**MANAGER**

**04/30/2017**

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

\_\_\_\_\_  
Date