

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000060525

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

**Current Principal Place of Business:**

2751 N MIAMI AVE  
SUITE 1  
MIAMI, FL 33127

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**1816530644CC**

**Current Mailing Address:**

2751 N MIAMI AVE  
SUITE 1  
MIAMI, FL 33127 US

**FEI Number:** 20-2780269

**Certificate of Status Desired:** No

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

POCATERRA, CRISTINA  
2751 N MIAMI AVE  
SUITE 1  
MIAMI, FL 33127 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        2751 N MIAMI AVE  
                  SUITE 1  
City-State-Zip: MIAMI FL 33127

Title            TREASURER  
Name            MALDONADO ZARIKIAN, SAMUEL  
Address        2751 N MIAMI AVE  
                  SUITE 1  
City-State-Zip: MIAMI FL 33127

Title            SECRETARY  
Name            POCATERRA, CRISTINA  
Address        2751 N MIAMI AVE  
                  SUITE 1  
City-State-Zip: MIAMI FL 33127

*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

**SECRETARY**

**04/29/2019**

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

\_\_\_\_\_  
Date