

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000072595

**Entity Name:** MICHELLE S. GARCIA-RIVERA, PA

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**0687707207CC**

**Current Principal Place of Business:**

2950 SW 27 AVENUE  
SUITE 100  
MIAMI, FL 33133

**Current Mailing Address:**

PO BOX 431249  
MIAMI, FL 33243 US

**FEI Number:** 47-1748916

**Certificate of Status Desired:** No

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

GARCIA-RIVERA, MICHELLE S  
2950 SW 27 AVENUE  
STE 100  
MIAMI, FL 33133 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 P  
Name GARCIA-RIVERA, MICHELLE S  
Address 2950 SW 27 AVENUE SUITE 100  
City-State-Zip: MIAMI FL 33133

Title VP  
Name GARCIA-RIVERA, MICHELLE S  
Address 2950 SW 27 AVENUE SUITE 100  
City-State-Zip: MIAMI FL 33133

Title T  
Name GARCIA-RIVERA, MICHELLE S  
Address 2950 SW 27 AVENUE SUITE 100  
City-State-Zip: MIAMI FL 33133

*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:** MICHELLE S GARCIA-RIVERA

**PRESIDENT**

**02/11/2019**

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

\_\_\_\_\_  
Date