

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60215

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** MARIA-CRISTINA DEL-VALLE, P.A.

**Current Principal Place of Business:**

C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
801 BRICKELL AVE. SUITE 900  
MIAMI, FL 33131 US

**Current Mailing Address:**

C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
3055 S. MIAMI AVE  
MIAMI, FL 33129 US

**New Mailing Address:**

**FEI Number:** 65-0185404      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DEL-VALLE, MARIA-CRISTINA ESQ.  
201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134 US

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

DEL-VALLE, MARIA-CRISTINA ESQ.  
801 BRICKELL AVE.  
SUITE 900  
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: MARIA CRISTINA DEL VALLE, ESQ.

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: DEL-VALLE, MARIA-CRISTINA ESQ.  
Address: 801 BRICKELL AVE, SUITE 900  
City-St-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: MARIA CRISTINA DEL VALLE

PSD

03/22/2012

Electronic Signature of Signing Officer or Director

Date