

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000011623

Entity Name: M. GINETTE OROZCO, P.A.

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

452 WEST FLAGLER  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490315  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-0978285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JARAMILLO, MARTA  
255 GALEN DRIVE  
SUITE 4F  
MIAMI, FL 33149 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: OROZCO, GINETTE  
Address: 452 WEST FLAGLER  
City-St-Zip: MIAMI, FL 33130

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: GINETTE OROZCO

PSTD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date