

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000035372

Entity Name: MAIBE M. CASALINS, P.A.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2320 SW 57TH AVE  
SUITE 201  
MIAMI, FL 33155

**New Principal Place of Business:**

5201 BLUE LAGOON DRIVE  
SUITE 909  
MIAMI, FL 33126

**Current Mailing Address:**

P.O. BOX 441540  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-0801973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASALINS, MAIBE M  
2320 SW 57TH AVE  
SUITE 201  
MIAMI, FL 33155 US

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

CASALINS, MAIBE M  
5201 BLUE LAGOON DRIVE  
SUITE 909  
MIAMI, FL 33126 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

01/13/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASALINS, MAIBE M  
Address: 5201 BLUE LAGOON DRIVE, STE 909  
City-St-Zip: MIAMI, FL 33126

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: MAIBE M. CASALINS

P

01/13/2011

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

\_\_\_\_\_  
Date