

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000157985

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ANN-DORTHE HAVMOELLER, P.A.

**Current Principal Place of Business:**

555 NE 34TH ST - APT 1001  
MIAMI, FL 33137

**New Principal Place of Business:**

310 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

555 NE 34TH ST - APT 1001  
MIAMI, FL 33137

**New Mailing Address:**

16135 WHITESAIL DR  
CHARLOTTE, NC 28278

**FEI Number:** 76-0772865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VEREBAY, LAYNE ESQ  
888 SE 3RD AVE  
STE 400  
FT LAUDERDALE, FL 33316 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: PTSD  
Name: HAVMOELLER, ANN-DORTHE  
Address: 16135 WHITESAIL DR  
City-St-Zip: C, FL 33137

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: ANN-DORTHE HAVMOELLER

PTSD

04/29/2011

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

\_\_\_\_\_  
Date