

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102177

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** MONICA FRENGEL KARAMBELLAS, P.A.

**Current Principal Place of Business:**

82 SOUTHPORT COVE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

1895 LES CHATEAUX BLVD.  
104  
NAPLES, FL 34109

**Current Mailing Address:**

P. O. BOX 1632  
BONITA SPRINGS, FL 34133

**New Mailing Address:**

FEI Number: 20-3159630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAX & ACCCOUNTING OF SWFL  
809 WALKERBILT ROAD  
SUITE 6  
NAPLES, FL 34110 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: DPS  
Name: FRENGEL KARAMBELLAS, MONICA E  
Address: 1895 LES CHATEAUX BLVD. #104  
City-St-Zip: NAPLES, FL 34109

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: MONICA FRENGEL KARAMBELLAS

PRES

04/27/2011

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

\_\_\_\_\_ Date