

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130733

FILED
Apr 30, 2011
Secretary of State**Entity Name:** MARIA CECILIA MIRALLES, P.A.**Current Principal Place of Business:**934 N. UNIVERSITY DRIVE
SUITE 134
CORAL SPRINGS, FL 33071**New Principal Place of Business:**602 COMMODORE DR
PLANTATION, FL 33325**Current Mailing Address:**934 N. UNIVERSITY DRIVE
SUITE 134
CORAL SPRINGS, FL 33071**New Mailing Address:**602 COMMODORE DR
PLANTATION, FL 33325**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MIRALLES, MARIA C
934 N. UNIVERSITY DRIVE
SUITE 134
CORAL SPRINGS, FL 33071 US**Name and Address of New Registered Agent:**MIRALLES, MARIA C
602 COMMODORE DR
PLANTATION, FL 33325 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 C MIRALLES

04/30/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PVTS
Name: MIRALLES, MARIA C
Address: 602 COMMODORE DR
City-St-Zip: PLANTATION, FL 33325**Title:** D
Name: MIRALLES, MARIA C
Address: 602 COMMODORE DR
City-St-Zip: PLANTATION, FL 33325 US

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 C MIRALLES

CEO

04/30/2011

Electronic Signature of Signing Officer or Director_____
Date