

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135225

FILED  
Apr 20, 2012  
Secretary of State

Entity Name: PROTECCION PLENITUD, INC.

**Current Principal Place of Business:**

3399 NW 72ND AV, SUITE 107  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

3399 NW 72ND AV, SUITE 107  
MIAMI, FL 33122

**New Mailing Address:**

FEI Number: 20-3584629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OQUENDO, JAIME  
20801 BISCAYNE BLVD.  
SUITE 410  
AVENTURA, FL 33180 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: PD  
Name: OQUENDO, JAIME H  
Address: 20801 BISCAYNE BLVD. #410  
City-St-Zip: AVENTURA, FL 33180

Title: VPD  
Name: OQUENDO, MARIO  
Address: 20801 BISCAYNE BLVD. #410  
City-St-Zip: AVENTURA, FL 33180

Title: TD  
Name: TORO, CARLOS M  
Address: 20801 BISCAYNE BLVD. #410  
City-St-Zip: AVENTURA, FL 33180

Title: S  
Name: ANGEL, MARCO  
Address: 20801 BISCAYNE BLVD. #410  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: BOTERO, MONICA A  
Address: 20801 BISCAYNE BLVD. #410  
City-St-Zip: AVENTURA, FL 33180

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: JAIME OQUENDO

PD

04/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date