

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000162467

Entity Name: JOCELYN BAGGE P.A.

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1749 N.E. MIAMI CT  
211  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1749 N.E. MIAMI CT  
211  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 04-3835152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRIAN PRZYSTUP & ASSOCIATES LLC  
275 NE 18TH ST  
#310  
MIAMI, FL 33132 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: P/D  
Name: BAGGE, JOCELYN K  
Address: 1749 N.E. MIAMI CT #211  
City-St-Zip: MIAMI, FL 33132

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: JOCELYN BAGGE

P/D

03/30/2011

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

\_\_\_\_\_  
Date