

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116430

Entity Name: JOSEFINA OTEIZA, P.A.

FILED  
Feb 27, 2012  
Secretary of State

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

999 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33134

**New Mailing Address:**

999 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33134

FEI Number: 26-1398346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OTEIZA, JOSEFINA  
999 PONCE DE LEON BLVD.  
SUITE 1045  
CORAL GABLES, FL 33134 US

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

OTEIZA, JOSEFINA  
999 PONCE DE LEON BLVD.  
SUITE 650  
CORAL GABLES, FL 33134 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/27/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: OTEIZA, JOSEFINA  
Address: 999 PONCE DE LEON BLVD., SUITE 650  
City-St-Zip: CORAL GABLES, FL 33134

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: JOSEFINA OTEIZA

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

PRES

02/27/2012

\_\_\_\_\_  
Date