

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005059

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** GENOVEVA IRIARTE, P.A.

**Current Principal Place of Business:**

30127 EMMETTS CT.  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 46162  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 26-4087329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

H TONI CRUZ, CPA  
3111 W. DR. M. L. KING JR., BLVD.  
SUITE 100  
TAMPA, FL 33607 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:** IRIARTE, GENOVEVA  
**Address:** 30127 EMMETTS CT  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 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: GENOVEVA IRIARTE

P, D

04/14/2011

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

\_\_\_\_\_ Date