

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000081181

Entity Name: ENID ESCRIBANO, P.A.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6445 NW 113 CT  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

6445 NW 113 CT  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 27-1037267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESCRIBANO, ENID  
6445 NW 113 CT  
DORAL, FL 33178 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: PSD  
Name: ESCRIBANO, ENID  
Address: 6445 NW 113 CT  
City-St-Zip: DORAL, FL 33178

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: ENID ESCRIBANO

PSD

04/11/2012

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

\_\_\_\_\_  
Date