

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072268

Entity Name: ROXANE FUENTES P.A.

**FILED**  
**Sep 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 27-3410147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FUENTES, ROXANE  
6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126 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  
Name: FUENTES, ROXANE  
Address: 6303 BLUE LAGOON DRIVE, SUITE 400  
City-St-Zip: MIAMI, FL 33126

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: ROXANE FUENTES

P

09/16/2011

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

\_\_\_\_\_  
Date