

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000083447

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** ROBERTO ONORATO, P.A.

**Current Principal Place of Business:**

3900 NW 79 AVE SUITE 475  
DORAL, FL 33166

**New Principal Place of Business:**

2520 NW 97TH AVE SUITE 220  
DORAL, FL 33172 US

**Current Mailing Address:**

PO BOX 528023  
MIAMI, FL 33152

**New Mailing Address:**

P.O.BOX 528023  
MIAMI, FL 33152 US

**FEI Number:** 80-0222477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARINAS AND ASSOCIATES, INC.  
5701 NW 36 ST  
MIAMI, FL 33166 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: PSTD  
Name: ONORATO, ROBERTO  
Address: P.O.BOX 528023  
City-St-Zip: MIAMI, FL 33152 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: ROBERTO ONORATO

PSTD

01/19/2011

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

\_\_\_\_\_  
Date