

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000052049

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** DORA GRACIELA COLOMBO P.A.

**Current Principal Place of Business:**

16400 COLLINS AVE., SUITE 1041  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

16400 COLLINS AVE.  
STE. 1041  
SUNNY ISLES BEACH, FL 33160 US

**Current Mailing Address:**

16400 COLLINS AVE., SUITE 1041  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

16400 COLLINS AVE.  
STE. 1041  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 45-2482500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLOMBO, GRACE G  
16400 COLLINS AVE., SUITE 1041  
SUNNY ISLES BEACH, FL 33160 US

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

COLOMBO, DORA G  
16400 COLLINS AVE.  
STE. 104  
SUNNY ISLES BEACH, FL 33160 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:** DORA G. COLOMBO

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COLOMBO, DORA G  
**Address:** 16400 COLLINS AVE., SUITE 1041  
**City-St-Zip:** SUNNY ISLES BEACH, FL 33160 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:** DORA G. COLOMBO

PD

03/21/2012

Electronic Signature of Signing Officer or Director

Date