

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S62276

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MASSES-VALERA, P.A.

**Current Principal Place of Business:**

429 LENOX AVE., #5C04  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 650296  
MIAMI, FL 33265

**New Mailing Address:**

**FEI Number:** 65-0295267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASSES-VALERA GEORGINA D  
5250 NW 109 AVENUE #106  
MIAMI, 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: MASSES-VALERA, GEORGINA  
Address: 5250 NW 109 AVENUE #106  
City-St-Zip: MIAMI, FL 33178

Title: VD  
Name: MASSES-VALERA, MARIO S JR  
Address: P O BOX 14-3111  
City-St-Zip: CORAL GABLES, FL 331143111

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: G MASSESVALERA

P

04/26/2011

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

\_\_\_\_\_  
Date