

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V14992

**Entity Name:** DOCTOR SEDUCTION, INC.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15600 NE 6 AVE  
#38A  
N. MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 601608  
NORTH MIAMI BEACH, FL 33160 US

**New Mailing Address:**

**FEI Number:** 65-0315733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CIRILLO, GIUSEPPE  
15600 NE 6 AVE  
#38 A  
N MIAMI BEACH, FL 33162 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: DP  
Name: CIRILLO, GIUSEPPE  
Address: 15600 NE 6 AVE #38 A  
City-St-Zip: N MIAMI BEACH, FL 33162

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: GIUSEPPE CIRILLO

PRES

02/11/2011

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

\_\_\_\_\_  
Date