

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L60215

**Entity Name:** MARIA-CRISTINA DEL-VALLE, P.A.

**Current Principal Place of Business:**

C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
801 BRICKELL AVE. SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
3055 S. MIAMI AVE  
MIAMI, FL 33129 US

**FEI Number:** 65-0185404

**Certificate of Status Desired:** No

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

DEL-VALLE, MARIA-CRISTINA ESQ.  
801 BRICKELL AVE.  
SUITE 900  
MIAMI, FL 33131 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name DEL-VALLE, MARIA-CRISTINA ESQ.  
Address 801 BRICKELL AVE, SUITE 900  
City-State-Zip: MIAMI FL 33131

*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:** MARIA-CRISTINA DEL-VALLE

**PRESIDENT**

**01/31/2013**

Electronic Signature of Signing Officer/Director Detail

Date