Electronic Signature of Signing Officer/Director Detail

2015 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. 2 SO. BISCAYNE BLVD. PH 3800 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

Name and Address of Current Registered Agent:

DEL-VALLE, MARIA-CRISTINA ESQ. ONE BISCAYNE TOWER 2 SO. BISCAYNE BLVD. PH 3800 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 **Officer/Director Detail :**

Title	PSD	Title	PRESIDENT/SECRETARY/DIRECTOR
Name	DEL-VALLE, MARIA-CRISTINA ESQ.	Name	DEL VALLE, MARIA-CRISTINA ESQ.
Address	ONE BISCAYNE TOWER 2 SO. BISCAYNE BLVD. PH 3800	Address	ONE BISCAYNE TOWER 2 SO. BISCAYNE BLVD. PH 3800
City-State-Zip:	MIAMI FL 33131	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

01/15/2015 Date

Date

FILED Jan 15, 2015 Secretary of State CC9024504235

Certificate of Status Desired: No