

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L60215

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

**FILED**  
**Feb 13, 2020**  
**Secretary of State**  
**5242785043CC**

**Current Principal Place of Business:**

C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
ALHAMBRA TOWERS 121 ALHAMBRA PLAZA - LPH 1500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
ALHAMBRA TOWERS 121 ALHAMBRA PLAZA - LPH 1500  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0185404

**Certificate of Status Desired:** No

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

DEL-VALLE, MARIA-CRISTINA ESQ.  
C/O MARIA-CRISTINA DEL-VALLE, ESQ.  
ALHAMBRA TOWERS 121 ALHAMBRA PLAZA - LPH 1500  
CORAL GABLES, FL 33134 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:** MARIA-CRISTINA DEL-VALLE

02/13/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name DEL VALLE, MARIA CRISTINA ESQ.  
Address ALHAMBRA TOWERS  
121 ALHAMBRA PLAZA LPH 1500  
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT/SECRETARY/DIRECTOR  
Name DEL VALLE, MARIA-CRISTINA ESQ.  
Address C/O MARIA-CRISTINA DEL-VALLE,  
ESQ.  
ALHAMBRA TOWERS 121 ALHAMBRA  
PLAZA - LPH 1500  
City-State-Zip: CORAL GABLES FL 33134

*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**

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date