

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M35779

**Entity Name:** MARIA L. BERMUDEZ, P.A.

**Current Principal Place of Business:**

C/O MARIA L. BERMUDEZ  
609 ALMERIA AVE, #201  
CORAL GABLES, FL 33134

**Current Mailing Address:**

609 ALMERIA AVE  
APT. 201  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-2698164

**Certificate of Status Desired:** No

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

BERMUDEZ, MARIA L  
609 ALMERIA  
APT. #201  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BERMUDEZ, MARIA LUISA  
Address 609 ALMERIA APT. #201  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name JEREZ, EDUARDO  
Address 609 ALMERIA APT. #201  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name JEREZ, MARIA LUISA  
Address 1627 SW 37 AVENUE #606  
City-State-Zip: MIAMI FL 33145

*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 LUISA JEREZ

**DIRECTOR**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date