

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000007013

**FILED  
Apr 28, 2014  
Secretary of State  
CC7704110778**

**Entity Name:** MILAGROS D. FRANQUI, P.A.

**Current Principal Place of Business:**

4224 FORT COURAGE CIRCLE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4224 FORT COURAGE CIRCLE  
KISSIMMEE, FL 34746

**FEI Number:** 61-1551237

**Certificate of Status Desired:** No

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

FRANQUI, MILAGROS D  
4224 FORT COURAGE CIRCLE  
KISSIMMEE, FL 34746 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 P  
Name FRANQUI, MILAGROS D MS.  
Address 4224 FORT COURAGE CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name GONZALEZ, JUDY MS.  
Address 4224 FORT COURAGE CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR  
Name MELENDEZ, CHRISTOPHER MR.  
Address 4224 FORT COURAGE CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

*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:** MILAGROS D.FRANQUI

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date