

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000030137

**Entity Name:** SORRENTO 5-19, CORP.

**Current Principal Place of Business:**

4005 NW 114TH AVE  
SUITE 5  
DORAL, FL 33178

**Current Mailing Address:**

4005 NW 114TH AVE  
SUITE 5  
DORAL, FL 33178 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MLP FINANCIAL GROUP INC  
4005 NW 114TH AVE  
SUITE 5  
DORAL, FL 33178 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           | PD                   | Title           | VPD                  |
| Name            | RENZA, FABIOLA       | Name            | VALENZUELA, PAMELA   |
| Address         | 4005 NW 114TH AVE #5 | Address         | 4005 NW 114TH AVE #5 |
| City-State-Zip: | DORAL FL 33178       | City-State-Zip: | DORAL FL 33178       |

*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:** FABIOLA RENZA

**01/25/2019**

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

\_\_\_\_\_  
Date