

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000030436

**Entity Name:** MAGALI SOSA VALLADARES, P.A.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD.  
603  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 141891  
CORAL GABLES, FL 33114

**FEI Number:** 46-2460627

**Certificate of Status Desired:** No

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

SOSA, MAGALI  
901 PONCE DE LEON BLVD  
SUITE 508  
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            P  
Name            SOSA VALLADARES, MAGALI  
Address        PO BOX 141891  
City-State-Zip: CORAL GABLES FL 33114

*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:** MAGALI SOSA VALLADARES

P

04/15/2016

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

\_\_\_\_\_  
Date