

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000075111

**Entity Name:** MARIA CURBELO-DOCAMPO, PA

**Current Principal Place of Business:**

333 SLAB CITY RD  
LOVELL, ME 04051

**Current Mailing Address:**

333 SLAB CITY RD  
LOVELL, ME 04051 US

**FEI Number:** 46-3765119

**Certificate of Status Desired:** No

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

CURBELO-DOCAMPO, MARIA P.A.  
401 MAIN ST  
WINDERMERE, FL 34786 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            CURBELO-DOCAMPO, MARIA  
Address        333 SLAB CITY RD  
City-State-Zip: LOVELL ME 04051

*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 CURBELO-DOCAMPO

**PRESIDENT**

**04/12/2016**

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

\_\_\_\_\_  
Date