### 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. 01/31/2018

SIGNATURE: MONTEALEGRE, JISRAEL, DR.

Electronic Signature of Signing Officer/Director Detail

# MIAMI. FL 33155 US FEI Number: 47-2413995

**Current Principal Place of Business:** 

DOCUMENT# P14000092461

2863 SW 69 COURT MIAMI, FL 33155

## Name and Address of Current Registered Agent:

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: DR. J. I. MONTEALEGRE ENTERPRISE INC

MONTEALEGRE, JISRAEL DR. 2863 SW 69 COURT MIAMI, FL 33155 US

**Current Mailing Address:** 

2863 SW 69 COURT

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

#### **Officer/Director Detail :**

Title	Ρ	Title	VP
Name	MONTEALEGRE, JISRAEL DR.	Name	MONTEALEGRE, IVANESSA
Address	2863 SW 69 COURT	Address	2863 SW 69 COURT
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

Certificate of Status Desired: No

FILED Jan 31, 2018 Secretary of State CC5069720717

Date

Date

PRESIDENT