

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000092461

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

**Current Principal Place of Business:**

2863 SW 69 COURT  
MIAMI, FL 33155

**Current Mailing Address:**

2863 SW 69 COURT  
MIAMI, FL 33155 US

**FEI Number:** 47-2413995

**Certificate of Status Desired:** No

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

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

*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:** MONTEALEGRE , JISRAEL , DR.

**PRESIDENT**

**03/14/2017**

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

\_\_\_\_\_  
Date