

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000018307

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC5120125660**

**Entity Name:** ISABEL CRISTINA LOPES P.A.

**Current Principal Place of Business:**

608 NE 191 ST  
MIAMI, FL 33179

**Current Mailing Address:**

608 NE 191 ST  
MIAMI, FL 33179

**FEI Number:** 47-3297767

**Certificate of Status Desired:** Yes

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

LOPES, ISABEL C  
608 NE 191 ST  
MIAMI, FL 33179 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	D
Name	LOPES, ISABEL C	Name	PENA, EDUARDO
Address	608 NE 191 ST	Address	608 NE 191 ST
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179

Title VP  
 Name MARGOTTA, CAMILA  
 Address 1954 PARKER MOUNTAIN ROAD  
 City-State-Zip: CHULA VISTA CA 91913

*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:** ISABEL CRISTINA LOPES

**PRESIDENT**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date