

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000000256

**Entity Name:** LUISA GABRIELA OCAMPO, P.A.

**Current Principal Place of Business:**

800 PARKVIEW DR, APT 325  
HALLANDALE BCH, FL 33009

**Current Mailing Address:**

800 PARKVIEW DR, APT 325  
HALLANDALE BCH, FL 33009 US

**FEI Number:** 83-4261650

**Certificate of Status Desired:** No

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

OCAMPO, LUISA GABRIELA  
800 PARKVIEW DR, APT 325  
HALLANDALE BCH, FL 33009 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 OCAMPO, LUISA GABRIELA  
Address 800 PARKVIEW DR, APT 325  
City-State-Zip: HALLANDALE BCH FL 33009

*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:** LUISA GABRIELA OCAMPO

**PRESIDENT**

**03/16/2023**

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

\_\_\_\_\_  
Date