

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000014453

**FILED  
Apr 14, 2016  
Secretary of State  
CC9717916922**

**Entity Name:** MARIA ISABEL CADENAS, CPA, P.A.

**Current Principal Place of Business:**

5890 SW 82 ST  
MIAMI, FL 33143

**Current Mailing Address:**

6619 S. DIXIE HWY., #326  
MIAMI, FL 33143

**FEI Number: 65-0895710**

**Certificate of Status Desired: No**

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

CADENAS, MARIA I  
5890 SW 82 ST  
MIAMI, FL 33143 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            PRES  
Name            CADENAS, MARIA I  
Address        6619 SOUTH DIXIE HWY #326  
City-State-Zip: MIAMI FL 33143

Title            VPS  
Name            SUAREZ-MARILL, JOSE E  
Address        6619 SOUTH DIXIE HWY #326  
City-State-Zip: MIAMI FL 33143

Title            VPT  
Name            AGUIRRE, ALEJANDRO M  
Address        6619 SOUTH DIXIE HWY #326  
City-State-Zip: MIAMI FL 33143

*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 I CADENAS**

**PRESIDENT**

**04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date