

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005304

**Entity Name:** ARCHILEX PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC6391402251**

**Current Principal Place of Business:**

8005 NW 155 STREET  
SUITE A  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8005 NW 155 STREET  
SUITE A  
MIAMI LAKES, FL 33016

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

MARTINEZ, CARLOS MJR.  
8005 NW 155TH STREET  
SUITE A  
MIAMI LAKES, FL 33016 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 MR.  
Name MARTINEZ, CARLOS MJR.  
Address 8005 NW 155 STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title MRS.  
Name CHRISTINE, MARTINEZ  
Address 8005 NW 155 STREET SUITE A  
City-State-Zip: MIAMI LAKES FL 33016

Title MR.  
Name LAURENCE, SCHWARTZ A  
Address 8005 NW 155TH STREET SUITE B  
City-State-Zip: MIAMI LAKES FL 33016

Title MRS.  
Name VIRGINIA, SCHWARTZ  
Address 8005 NW 155TH STREET SUITE B  
City-State-Zip: MIAMI LAKES FL 33016

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: CHRISTINE MARTINEZ**

**OFFICER**

**03/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date