## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 128678** 

**Entity Name: ZURWELLE-WHITTAKER INC** 

**Current Principal Place of Business:** 

900 WEST 49 STREET SUITE 408 HIALEAH, FL 33012

**FILED** Apr 29, 2016 **Secretary of State** CC6902202013

## **Current Mailing Address:**

900 WEST 49 STREET SUITE 408 HIALEAH, FL 33012 US

FEI Number: 59-0519990 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MARTINEZ, EDDIE A 900 WEST 49 STREET SUITE 408 HIALEAH, FL 33012 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 Title

MARTINEZ, EDDIE A Name Name MADSON, T.S. II

900 WEST 49 STREET, SUITE 408 900 WEST 49 STREET, SUITE 408 Address Address

HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012 City-State-Zip:

VPD Title Title

Name MARTINEZ, MARIA C Name JOHNSON, JOHN J

Address 900 WEST 49 STREET, SUITE 408 Address 900 WEST 49 STREET, SUITE 408

City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

Title SURVEY DIRECTOR Title **CFO** Name CAREAGA, JUAN C Name MARTINEZ, MARIA C

Address 900 WEST 49 STREET Address 900 WEST 49 STREET, SUITE 408

SUITE408

City-State-Zip: HIALEAH FL 33012 HIALEAH FL 33012 City-State-Zip:

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: EDDIE A MARTINEZ

**PRESIDENT** 

04/29/2016