

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G23076

Entity Name: RODRIGUEZ AND QUIROGA ARCHITECTS CHARTERED**Current Principal Place of Business:**2100 PONCE DE LEON BLVD.
MEZZANINE
CORAL GABLES, FL 33134**Current Mailing Address:**2100 PONCE DE LEON BLVD.
MEZZANINE
CORAL GABLES, FL 33134**FEI Number:** 59-2277900**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RODRIGUEZ, RAUL L
2100 PONCE DE LEON BLVD
MEZZANINE
CORAL GABLES, FL 33134 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	RODRIGUEZ, RAUL L
Address	2100 PONCE DE LEON BLVD., MEZZANINE
City-State-Zip:	CORAL GABLES FL 33134

Title	SECR
Name	RODRIGUEZ, RAUL L
Address	2100 PONCE DE LEON BLVD., MEZZANINE
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	CARMONA, BENITO A
Address	2100 PONCE DE LEON BLVD., MEZZANINE
City-State-Zip:	CORAL GABLES FL 33134

Title	TREA
Name	RODRIGUEZ, RAUL L
Address	2100 PONCE DE LEON BLVD., MEZZANINE
City-State-Zip:	CORAL GABLES FL 33134

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: RAUL L. RODRIGUEZ**PRESIDENT****02/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date