

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K01629

**Entity Name:** EDWARD LEWIS ARCHITECTS, INC.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD  
SUITE 825  
CORAL GABLES , FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BLVD  
SUITE 825  
CORAL GABLES , FL 33134 US

**FEI Number:** 65-0020959

**Certificate of Status Desired:** Yes

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

LEWIS, EDWARD  
2100 PONCE DE LEON BLVD  
SUITE 825  
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 CPSD  
Name LEWIS, EDWARD  
Address 2100 PONCE DE LEON BLVD  
SUITE 825  
City-State-Zip: CORAL GABLES FL 33134

Title VPTD  
Name LEWIS, MARYJANE  
Address 2100 PONCE DE LEON BLVD  
SUITE 825  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name LEWIS, KRISTA K  
Address 2100 PONCE DE LEON BLVD  
SUITE 825  
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:** EDWARD LEWIS

**PRESIDENT**

**02/28/2017**

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

\_\_\_\_\_  
Date