

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033189

Entity Name: ARTCHITECTURE ASSOCIATES INC.**Current Principal Place of Business:**2219 SW 57 AVE
CORAL GABLES, FL 33155**Current Mailing Address:**2219 SW 57 AVE
CORAL GABLES, FL 33155 US**FEI Number: 51-0499159****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAVIESO, RUBEN
2219 SW 57 AVE
CORAL GABLES, FL 33155 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	DP
Name	TRAVIESO, RUBEN
Address	2219 SW 57 AVE
City-State-Zip:	CORAL GABLES FL 33155

Title	ASSOCIATE
Name	ROJAS, CARMEN
Address	2219 SW 57 AVE
City-State-Zip:	CORAL GABLES FL 33155

Title	ASSOCIATE
Name	ARONDE, CARLINA
Address	2219 SW 57 AVE
City-State-Zip:	CORAL GABLES FL 33155

Title	ASSOCIATE
Name	OJEDA, LUIS
Address	2219 SW 57 AVE
City-State-Zip:	CORAL GABLES FL 33155

Title	VP
Name	TRAVIESO, INGRID
Address	2219 SW 57 AVE
City-State-Zip:	CORAL GABLES FL 33155

Title	ASSOCIATE
Name	PRIETO, LIDA
Address	2219 SW 57 AVE
City-State-Zip:	CORAL GABLES FL 33155

Title	ASSOCIATE
Name	BLACHARZ, FELIPE
Address	2219 SW 57 AVE
City-State-Zip:	CORAL GABLES FL 33155

Title	ASSOCIATE
Name	OROSCO, CAMILO
Address	2219 RED RD
City-State-Zip:	CORAL GABLES FL 33155

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: RUBEN TRAVIESO**PRESIDENT****03/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date