

**2014 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 VP  
Name TRAVIESO, INGRID  
Address 2219 SW 57 AVE  
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**

**02/26/2014**

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

\_\_\_\_\_  
Date