

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000046375

**Entity Name:** COVELLI DESIGN ASSOCIATES, INC.

**Current Principal Place of Business:**

2295 NW CORPORATE BLVD  
SUITE 213  
BOCA RATON, FL 33431

**Current Mailing Address:**

2295 NW CORPORATE BLVD  
SUITE 213  
BOCA RATON, FL 33431

**FEI Number:** 20-4806120

**Certificate of Status Desired:** Yes

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

COVELLI, MICHAEL  
2295 NW CORPORATE BLVD  
SUITE 213  
BOCA RATON, FL 33431 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 P  
Name COVELLI, MICHAEL  
Address 2295 NW CORPORATE BLVD, #213  
City-State-Zip: BOCA RATON FL 33431

Title V  
Name TATE, STEVEN  
Address 2295 NW CORPORATE BLVD, #213  
City-State-Zip: BOCA RATON FL 33431

Title ST  
Name COVELLI, LIANE  
Address 2295 NW CORPORATE BLVD, SUITE  
213  
City-State-Zip: BOCA RATON FL 33431

*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:** LIANE COVELLI

**SECRETARY**

**03/01/2016**

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

\_\_\_\_\_  
Date