

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000026570

**Entity Name:** QUINTERO & ASOCIADOS DESPACHO DE ABOGADOS INC

**FILED**  
**Apr 10, 2018**  
**Secretary of State**  
**CC6205663608**

**Current Principal Place of Business:**

2200 NW 72ND AVE #523223  
MIAMI, FL 33152-3223

**Current Mailing Address:**

P.O. BOX 523223  
MIAMI, FL 33152-3223 US

**FEI Number: 82-0968027**

**Certificate of Status Desired: Yes**

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

CAMACHO, LALINE  
2200 NW 72ND AVE #523223  
MIAMI, FL 33152-3223 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 QUINTERO, YRWIN  
Address P.O. BOX 523223  
City-State-Zip: MIAMI FL 33152-3223

Title DVP  
Name CAMACHO, LALINE  
Address P.O. BOX 523223  
City-State-Zip: MIAMI FL 33152-3223

Title DS  
Name QUINTERO, JOSE  
Address P.O. BOX 523223  
City-State-Zip: MIAMI FL 33152-3223

Title DT  
Name QUINTERO, ZORAIDA  
Address P.O. BOX 523223  
City-State-Zip: MIAMI FL 33152-3223

*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: LALINE CAMACHO**

**DVP**

**04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date