

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034378

Entity Name: ABALLI MILNE KALIL, P.A.**Current Principal Place of Business:**ONE SE THIRD AVE
SUITE 2250
MIAMI, FL 33131**Current Mailing Address:**ONE SE THIRD AVE
SUITE 2250
MIAMI, FL 33131 US**FEI Number:** 65-0408956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMKGS REGISTERED AGENTS, INC.
ONE SE THIRD AVE
SUITE 2250
MIAMI, FL 33131 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	D/P
Name	ABALLI, ARTURO J
Address	ONE SE THIRD AVE SUITE 2250
City-State-Zip:	MIAMI FL 33131

Title	D/VP
Name	MILNE, HENDRIK G
Address	ONE SE THIRD AVE SUITE 2250
City-State-Zip:	MIAMI FL 33131

Title	D/VPS
Name	KALIL, CRAIG P
Address	ONE SE THIRD AVE SUITE 2250
City-State-Zip:	MIAMI FL 33131

Title	D/VP
Name	POYER, JOSHUA D
Address	ONE SE THIRD AVE SUITE 2250
City-State-Zip:	MIAMI FL 33131

Title	D/VP
Name	TISCHLER, RENEE R.
Address	ONE SE THIRD AVE SUITE 2250
City-State-Zip:	MIAMI FL 33131

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: ARTURO J. ABALLI**DIRECTOR****04/09/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date