

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90023 029 ***150.00

DOCUMENT # P04000135399

1. Entity Name
ANDRES QUINTERO & ASSOCIATES PA



Principal Place of Business
2199 PONCE-DE-LEON BLVD
201
CORAL GABLES, FL 33134 US

Mailing Address
2199 PONCE-DE-LEON BLVD
201
CORAL GABLES, FL 33134 US

40014000



2. Principal Place of Business - Not P.O. Box #
2100 Ponce De Leon Blvd
Suite, Apt. #, etc.
1180
City & State
CORAL GABLES, FL
Zip
33134 Country
USA

3. Mailing Address
2100 Ponce De Leon Blvd
Suite, Apt. #, etc.
1180
City & State
CORAL GABLES, FL
Zip
33134 Country
USA

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2039406

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORDOVA, DIEGO E
8905 SW 87TH AVENUE
200
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUINTERO, ANDRES A 2100 Ponce De Leon Blvd 2520 SW 57TH AVENUE SUITE 202 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 227, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/28/08 3/4443744**