

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K65434

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC4898412502**

**Entity Name:** BRIELE & ECHEVERRIA, P.A.

**Current Principal Place of Business:**

5001 SW 74TH CT .  
202  
MIAMI, FL 33155

**Current Mailing Address:**

5001 SW 74TH CT .  
202  
MIAMI, FL 33155 US

**FEI Number:** 65-0173530

**Certificate of Status Desired:** No

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

BRIELE, AIDA ECPA  
5001 SW 74TH CT.  
202  
MIAMI, 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 PD  
Name BRIELE, AIDA E.  
Address 1233 ANASTASIA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name BRIELE, ROBERT  
Address 1233 ANASTASIA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title SVPD  
Name BROUWER, ELSA B  
Address 825 ORTEGA AVE  
City-State-Zip: CORAL GABLES FL 33134

*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:** AIDA BRIELE

**REGISTERED AGENT**

**01/25/2017**

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

\_\_\_\_\_  
Date