#### 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.

PRESIDENT

SIGNATURE: CARLOS A. TRIAY

Electronic Signature of Signing Officer/Director Detail

Title PS TRIAY, CARLOS A.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# M06986

### Entity Name: CARLOS A. TRIAY PROFESSIONAL ASSOCIATION

## **Current Principal Place of Business:**

2301 NW 87 AVENUE #501 DORAL, FL 33172

### **Current Mailing Address:**

PO BOX 227010 MIAMI, FL 33222 US

## FEI Number: 59-2462220

Name and Address of Current Registered Agent:

TRIAY, CARLOS A. 2301 NW 87 AVENUE #501 DORAL, FL 33172 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

# **Officer/Director Detail :**

Name 2301 NW 87 AVENUE #501 Address

City-State-Zip: DORAL FL 33172

FILED Mar 21, 2019 Secretary of State 9999420833CC

Certificate of Status Desired: No

Date

03/21/2019