

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000050597

**FILED  
Mar 13, 2014  
Secretary of State  
CC0681591096**

**Entity Name:** FADEL BRIEVA P.A.

**Current Principal Place of Business:**

5629 LAGORCE DRIVE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5629 LAGORCE DRIVE  
MIAMI BEACH, FL 33140

**FEI Number:** 65-1012546

**Certificate of Status Desired:** No

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

BRIEVA, FADEL  
5629 LAGORCE DRIVE  
MIAMI BEACH, FL 33140 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	Title	VP
Name	BRIEVA, FADEL	Name	VILLAZON, LUIS
Address	5629 LAGORCE DRIVE	Address	5629 LAGORCE DRIVE
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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:** FADEL BRIEVA

**PRESIDENT**

**03/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date