# 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: MARIA CORREDOR

Electronic Signature of Signing Officer/Director Detail

PARTNER

SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	PD	Title	V
Name	CORREDOR, MARIA E	Name	HUSSEINI, LINA
Address City-State-Zip:	3905 NW 107TH AVE SUITE 502 DORAL FL 33178	Address	17396 SW 48TH ST.
		City-State-Zip:	MIRAMAR FL 33029
	DORAL PE 33178		
Title	SECRETARY		
Name	SNEDAKER, TIM		
Address	745 SW 159TH LN		
City-State-Zip:	PEMBROKE PINES FL 33027		

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.

DORAL. FL 33178 US

Name and Address of Current Registered Agent:

**Current Mailing Address:** 

DORAL, FL 33178

# 3905 NW 107 AVE. SUITE 502

### FEI Number: 75-3144838

CORREDOR, MARIA E 3905 NW 107 AVE. SUITE 502

DORAL, FL 33178 US

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P04000016657

Entity Name: CORREDOR, HUSSEINI & SNEDAKER, P.A.

### **Current Principal Place of Business:** 3905 NW 107 AVE. SUITE 502

FILED Jan 16, 2019 Secretary of State 6774221233CC

> 01/16/2019 Date

Certificate of Status Desired: Yes

Date