

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000118944

**Entity Name:** RAUL VALDES-FAULI, P.A.

**Current Principal Place of Business:**

ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BOULEVARD SUITE 2750  
MIAMI, FL 33131

**Current Mailing Address:**

ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BOULEVARD SUITE 2750  
MIAMI, FL 33131 US

**FEI Number:** 20-3385865

**Certificate of Status Desired:** No

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

VALDES-FAULI, RAUL  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BOULEVARD SUITE 2750  
MIAMI, FL 33131 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 D  
Name VALDES-FAULI, RAUL  
Address ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 2750  
City-State-Zip: MIAMI FL 33131

*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:** RAUL VALDES-FAULI

**DIRECTOR**

**04/22/2015**

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

\_\_\_\_\_ Date