

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000004173

**Entity Name:** ALFREDO D. XIQUES, P.A.

**Current Principal Place of Business:**

2950 SW 27TH AVENUE  
SUITE 300  
MIAMI, FL 33133

**Current Mailing Address:**

2950 SW 27TH AVENUE  
SUITE 300  
MIAMI, FL 33133

**FEI Number:** 20-4056320

**Certificate of Status Desired:** No

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

XIQUES, ALFREDO D  
2950 SW 27TH AVENUE  
SUITE 300  
MIAMI, FL 33133 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 PV  
Name XIQUES, ALFREDO D  
Address 2950 SW 27TH AVENUE, SUITE 300  
City-State-Zip: MIAMI FL 33133

Title S  
Name XIQUES, VANESSA  
Address 8555 SW 97TH ROAD  
City-State-Zip: MIAMI FL 33173

*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:** ALFREDO XIQUES

**PRESIDENT**

**02/28/2014**

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

\_\_\_\_\_  
Date