# 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: MANUEL A AVILA

Electronic Signature of Signing Officer/Director Detail

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000047015

Entity Name: MANUEL A. AVILA, ESQ. & ASSOCIATES, P.A.

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

11120 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176

#### **Current Mailing Address:**

11120 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176 US

#### FEI Number: 27-2822808

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

AVILA, MANUEL A 11120 N. KENDALL DRIVE SUITE 200 MIAMI, FL 33176 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 :**

TitlePNameAVILA, MANUEL AAddress11120 N. KENDALL DRIVE, SUITE 200

City-State-Zip: MIAMI FL 33176

FILED Apr 23, 2019 Secretary of State 0509091613CC

#### Certificate of Status Desired: No

Date

+/23/2013 Date

04/23/2019