## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000017063

Entity Name: ANDRES CAMPOS, P.A.

**Current Principal Place of Business:** 

717 PONCE DE LEON BLVD. SUITE 228A CORAL GABLES, FL 33134

## **Current Mailing Address:**

717 PONCE DE LEON BLVD. SUITE 228A CORAL GABLES, FL 33134

FEI Number: 47-3181927 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CAMPOS, ANDRES 717 PONCE DE LEON BLVD SUITE 228A CORAL GABLES, FL 33134 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

FILED Apr 24, 2017

**Secretary of State** 

CC5499302522

## Officer/Director Detail:

Title P Title VF

Name CAMPOS, ANDRES Name CAMPOS, ANDRES

Address 717 PONCE DE LEON BLVD #228A Address 717 PONCE DE LEON BLVD #228A

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title S Title T

Name CAMPOS, ANDRES Name CAMPOS, ANDRES

Address 717 PONCE DE LEON BLVD #228A Address 717 PONCE DE LEON BLVD #228A

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Date

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.