

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000017063

**Entity Name:** ANDRES CAMPOS, P.A.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 47-3181927

**Certificate of Status Desired:** No

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

CAMPOS, ANDRES  
717 PONCE DE LEON BLVD  
SUITE 228-A  
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

**Officer/Director Detail :**

Title P  
Name CAMPOS, ANDRES  
Address 717 PONCE DE LEON BLVD  
SUITE 228-A  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name CAMPOS, ANDRES  
Address 717 PONCE DE LEON BLVD  
SUITE 228-A  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name CAMPOS, ANDRES  
Address 717 PONCE DE LEON BLVD  
SUITE 228-A  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name CAMPOS, ANDRES  
Address 717 PONCE DE LEON BLVD  
SUITE 228-A  
City-State-Zip: CORAL GABLES FL 33134

*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:** ANDRES CAMPOS

P

04/29/2019

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

\_\_\_\_\_  
Date