

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004572

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**8948279829CC**

**Entity Name:** ACKAL ARCHITECTS, A PROFESSIONAL CORPORATION CORPORATION

**Current Principal Place of Business:**

4906 AMBASSADOR CAFFERY PKWY.  
BLDG. H, SUITE 800  
LAFAYETTE, LA 70508

**Current Mailing Address:**

4906 AMBASSADOR CAFFERY PKWY.  
BLDG. H, SUITE 800  
LAFAYETTE, LA 70508 US

**FEI Number: 72-1444927**

**Certificate of Status Desired: No**

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

GIANGRANDE, LEO  
2081 SE OCEAN BLVD #1 A  
STUART, FL 34996 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            ACKAL, WILLIAM J  
Address        4906 AMBASSADOR CAFFERY PKWY.  
                  BLDG. H, SUITE 800  
City-State-Zip: LAFAYETTE LA 70508

Title            S  
Name            ACKAL, ANGELA L  
Address        4906 AMBASSADOR CAFFERY PKWY.  
                  BLDG., H, SUITE 800  
City-State-Zip: LAFAYETTE LA 70508

*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: WILLIAM J ACKAL**

**OWNER**

**04/11/2019**

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

\_\_\_\_\_  
Date