

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000005477

**Entity Name:** QUADRANT CAPITAL ADVISORS, INC.

**FILED**  
**Mar 04, 2025**  
**Secretary of State**  
**6439126970CC**

**Current Principal Place of Business:**

319 CLEMATIS STREET STE 806  
WEST PALM BCH, FL 33401

**Current Mailing Address:**

499 PARK AVE  
24TH FL  
NEW YORK, FL 10022 US

**FEI Number:** 55-0821498

**Certificate of Status Desired:** No

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

FLORIDA REGISTRY SERVICES, LLC  
200 S BISCAYNE BLVD 7TH FLOOR  
MIAMI, FL 33131 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           PRESIDENT/SENIOR MANAGING  
                  DIRECTOR

Name           DOMINGO, ALEJANDRO

Address       499 PARK AVENUE

City-State-Zip: NEW YORK NY 10022

Title           MANAGING DIRECTOR

Name           MEJIA, JUAN

Address       499 PARK AVENUE

City-State-Zip: NEW YORK NY 10022

Title           CHIEF LEGAL AND COMPLIANCE  
                  OFFICER

Name           WILLIAMS, DAVID

Address       499 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title           CFO

Name           BRYANT, RUSSELL

Address       499 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title           VP

Name           BRILLEMBOURG, CARLA

Address       499 PARK AVENUE

City-State-Zip: NEW YORK NY 10022

Title           SENIOR MANAGING DIRECTOR

Name           PEREZ, CARLOS

Address       499 PARK AVENUE

City-State-Zip: NEW YORK NY 10022

Title           MANAGING DIRECTOR

Name           EVISON, CHRISTOPHER

Address       499 PARK AVE

City-State-Zip: NEW YORK NY 10022

Title           MANAGING DIRECTOR

Name           GARCIA, JUAN CARLOS

Address       499 PARK AVE

City-State-Zip: NEW YORK NY 10022

*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:** CARLA BRILLEMBOURG

VP

03/04/2025

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

\_\_\_\_\_  
Date