The above nam	ned entity submits this statement for the purpose of char	iging its registered office or re	egistered agent, or both, in the State of F	Florida.
SIGNATU	SIGNATURE: JORGE L MARTINEZ			
	Electronic Signature of Registered Agent			Date
Officer/Di	rector Detail :			
Title	PVP	Title	TS	
Name	MARTINEZ, JORGE LCPA	Name	MARTINEZ, JORGE LCPA	

Address

City-State-Zip:

WINTER SPRINGS, FL 32708

## **Current Mailing Address:**

1100 TOWN PLAZA COURT WINTER SPRINGS. FL 32708

**Current Principal Place of Business:** 

## FEI Number: 59-1538635

## Name and Address of Current Registered Agent:

1100 TOWN PLAZA COURT

City-State-Zip: WINTER SPRINGS FL 32708

MARTINEZ, JORGE C.P.A. 1100 TOWN PLAZA COURT WINTER SPRINGS, FL 32708 US

Address

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: JORGE L MARTINEZ

PRESIDENT

02/05/2019

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

1100 TOWN PLAZA COURT

WINTER SPRINGS FL 32708

Date

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604832

1100 TOWN PLAZA COURT

Entity Name: MARTINEZ & ASSOCIATES CPAS P.A.