

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20075

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC1136573069**

**Entity Name:** ALWEISS MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1920 HALLANDALE BEACH BLVD  
SUITE 602  
HALLANDALE, FL 33009

**Current Mailing Address:**

P.O. BOX 661169  
MIAMI SPRINGS, FL 33166 US

**FEI Number:** 59-2255777

**Certificate of Status Desired:** No

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

ALWEISS, IRA  
1920 HALLANDALE BEACH BLVD  
#602  
HALLANDALE, FL 33009 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	DVP	Title	TD
Name	ALWEISS, IRA	Name	ALWEISS, ALAN
Address	1920 HALLANDALE BEACH BLVD	Address	1920 HALLANDALE BEACH BLVD
City-State-Zip:	HALLANDALE FL 33009	City-State-Zip:	HALLANDALE FL 33009

*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:** IRA ALWEISS

**DVP**

**02/29/2016**

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

\_\_\_\_\_  
Date