

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F87402

**Entity Name:** ASSOCIATED TAX CONSULTANTS, INC.

**Current Principal Place of Business:**

6163 MIAMI LAKES DRIVE EAST  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6163 MIAMI LAKES DRIVE EAST  
MIAMI LAKES, FL 33014 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

EDWARD GARCIA, INC.  
6163 MIAMI LAKES DRIVE EAST  
MIAMI LAKES, FL 33014 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 CEO, TREASURER, DIRECTOR  
Name GARCIA, EDWARD  
Address 6163 MIAMI LAKES DRIVE EAST  
City-State-Zip: MIAMI LAKES FL 33014

Title VP  
Name GARCIA, NITZA D  
Address 6163 MIAMI LAKES DRIVE EAST  
City-State-Zip: MIAMI LAKES FL 33014

Title PRESIDENT, DIRECTOR  
Name GARCIA, HENRY J  
Address 6163 MIAMI LAKES DRIVE EAST  
City-State-Zip: MIAMI LAKES FL 33014

Title SECRETARY  
Name DIAZ GOMEZ, STEPHANIE A  
Address 6163 MIAMI LAKES DRIVE EAST  
City-State-Zip: MIAMI LAKES FL 33014

*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:** HENRY J GARCIA

**PRESIDENT**

**01/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date