

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H76745

**Entity Name:** A+ MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**16840 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**16840 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 65-0084778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEN-DAVID, RAN  
16840 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 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	C
Name	BEN-DAVID, DAVID
Address	16840 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BCH FL 33162

Title	ST
Name	BEN-DAVID, GAL
Address	16840 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	V
Name	BEN-DAVID, SHAY
Address	16840 NE 19TH AVENUE
City-State-Zip:	N MIAMI FL 33162

Title	P
Name	BEN-DAVID, RAN
Address	16840 NE 19TH AVENUE
City-State-Zip:	N MIAMI BEACH FL 33162

*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:** SHAY BEN-DAVID

VP

02/16/2015

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