# 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.

D

# SIGNATURE: SONIA VIERTL

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P02000133365

# Entity Name: HASOSA FOOD SERVICE CONSULTING, INC.

### **Current Principal Place of Business:**

119 MADEIRA AVE CORAL GABLES, FL 33134

#### **Current Mailing Address:**

119 MADEIRA AVE CORAL GABLES, FL 33134 US

# FEI Number: 42-1565484

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

ARROYO, ANTONIO N 2525 PONCE DE LEON BLVD. SUITE #300 CORAL GABLES, FL 33134 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	D	Title	D
Name	VIERTL, HANS	Name	VIERTL, SONIA
Address	119 MADEIRA AVE	Address	119 MADEIRA AVE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

FILED			
Feb 20, 2018			
Secretary of State			
CC4967463156			

Date

02/20/2018 Date