# 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.

VP

#### SIGNATURE: MARIA MOLLER

Electronic Signature of Signing Officer/Director Detail

## Entity Name: FLORIDA ACCOUNTING SOLUTIONS INC **Current Principal Place of Business:**

9738 ERICA CT BOCA RATON, FL 33496

# **Current Mailing Address:**

DOCUMENT# P06000145396

2380 CREST RIDGE CT SANFORD, FL 32771 US

## FEI Number: 75-3227295

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

MOLLER, GREGORY 9738 ERICA CT BOCA RATON, FL 33496 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

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#### Officer/E

Title	P	Title	VP
Name	MOLLER, GREGORY	Name	MOLLER, MARIA
Address	9738 ERICA CT	Address	9738 ERICA CT
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496

	Electronic Signature of Registered Agent				
Director Detail :					
	P	Title	VP		
	MOLLER, GREGORY	Name	MOLLER, MARIA		
	9738 ERICA CT	Address	9738 ERICA CT		

Certificate of Status Desired: No

Date

FILED Mar 25, 2013 Secretary of State CC9364070783

> 03/25/2013 Date