

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084926

Entity Name: EUREKA PARALEGAL & IMMIGRATION SERVICES, INC.**Current Principal Place of Business:**4101 N ANDREWS AVE
SUITE #104
FT LAUDERDALE, FL 33309**Current Mailing Address:**4101 N ANDREWS AVE
SUITE #104
FT LAUDERDALE, FL 33309**FEI Number:** 27-1233952**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESLIENS, NICOLAS SR
4101 N ANDREWS AVE
SUITE #104
FT LAUDERDALE, FL 33309 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	P
Name	DESLIENS, NICOLAS SR
Address	4101 N ANDREWS AVE, SUITE #104
City-State-Zip:	FT LAUDERDALE FL 33309

Title	VP
Name	DESLIENS, FALLIERES NJR
Address	4101 N. ANDREWS AVE. SUITE 104
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	T
Name	DESLIENS, ANELIA
Address	4101 N. ANDREWS AVE. SUITE 104
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	S
Name	DESLIENS, WILHELM KANT NJR
Address	4101 N ANDREWS AVE
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	C
Name	PIERRE, RONALD
Address	4101 N ANDREWS AVE
City-State-Zip:	FORT LAUDERDALE FL 33309

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: DESLIENS NICOLAS

P

02/28/2018

Electronic Signature of Signing Officer/Director Detail_____
Date