

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000014478

**Entity Name:** FORNARIS & LEDESMA ACCOUNTING & TAX SERVICES INC

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC0186576089**

**Current Principal Place of Business:**

900 WEST 49 STREET  
560  
HIALEAH, FL 33012

**Current Mailing Address:**

900 WEST 49 STREET  
560  
HIALEAH, FL 33012

**FEI Number:** 27-1237808

**Certificate of Status Desired:** No

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

LEDESMA, KARINA PR  
900 WEST 49 STREET  
560  
HIALEAH, FL 33012 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	Title	VP
Name	LEDESMA, KARINA	Name	FORNARIS, MARIO
Address	900 WEST 49TH STREET 560	Address	900 WEST 49TH STREET 560
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** KARINA LEDESMA

**PRESIDENT**

**04/30/2016**

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

\_\_\_\_\_  
Date