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

Electronic Signature of Signing Officer/Director Detail

Name FORNARIS, MARIO 8370 SW 163RD AVE Address 8370 SW 163 AVE City-State-Zip: MIAMI FL 33193

Title

VP

# Electronic Signature of Registered Agent

LEDESMA, KARINA

# Name and Address of Current Registered Agent:

LEDESMA, KARINA PR 8370 SW 163 AVE MIAMI, FL 33193 US

SIGNATURE:

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.

### 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P10000014478

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

**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

PRESIDENT

04/30/2013 Date

Certificate of Status Desired: No

Title

Name

Address

**Officer/Director Detail :** 

Р

City-State-Zip: MIAMI FL 33193

Date