# 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.

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000058137

Entity Name: STATEWIDE PROCESS SERVICE, INC

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

4872 NW 5TH STREET MIAMI, FL 33126

### **Current Mailing Address:**

5727 NW 7TH STREET SUITE 317 MIAMI, FL 33126

### FEI Number: 61-1636277

Name and Address of Current Registered Agent:

OCHOA, EDUARDO E 4872 NW 5 STREET MIAMI, FL 33126 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

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

Title	Р	Title	SEC
Name	OCHOA, EDUARDO E	Name	OCHOA, ANA M
Address	4872 NW 5 STREET	Address	4872 NW 5 STREET
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

SIGNATURE: EDUARDO E OCHOA PRESIDENT

Date

03/15/2017

## FILED Mar 15, 2017 Secretary of State CC6104270537

Certificate of Status Desired: No

Date