

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000036510

**Entity Name:** AVALON ACCOUNTING SOLUTIONS, INC.

**Current Principal Place of Business:**

5015 WILES RD  
STE 108  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5015 WILES RD  
STE 108  
COCONUT CREEK, FL 33073 US

**FEI Number:** 45-5084880

**Certificate of Status Desired:** No

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

MONTANE, GLAUCE  
5015 WILES RD  
STE 108  
COCONUT CREEK, FL 33073 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,D  
Name MONTANE, GLAUCE  
Address 5015 WILES RD STE 108  
City-State-Zip: COCONUT CREEK FL 33073

Title VP, D  
Name SA, MIRIAN  
Address 5015 WILES RD  
STE 108  
City-State-Zip: COCONUT CREEK FL 33073

*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:** GLAUCE MONTANE

**PRESIDENT**

**04/23/2013**

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

\_\_\_\_\_  
Date