#### 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. PRESIDENT

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

SIGNATURE: CAIROLI, PABLO

Electronic Signature of Signing Officer/Director Detail

ORTIZ, ALEX

354 SEVILLA AVE CORAL GABLES, FL 33134 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:

**Officer/Director Detail :** Title Р Title S CAIROLI, PABLO NILSSON, THOMAS Name Name 1951 NW 19 ST, STE A103 Address Address 1951 NW 19 ST, STE A103 City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000079422

Entity Name: EPIC ADVISORY SERVICES CORP

**Current Principal Place of Business:** 

1951 NW 19 STREET A103 BOCA RATON, FL 33431

### **Current Mailing Address:**

1951 NW 19 STREET A103 BOCA RATON, FL 33431

### FEI Number: 37-1766044

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FILED May 01, 2015 Secretary of State CC1735872502

Date

Certificate of Status Desired: No

05/01/2015

Date