

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000011209

**Entity Name:** FULL SERVICE CHOICE INC

**Current Principal Place of Business:**

5300 NW 85TH AVE  
APT.307  
DORAL, FL 33166

**Current Mailing Address:**

5300 NW 85TH AVE  
APT.307  
DORAL, FL 33166 US

**FEI Number:** 81-1390229

**Certificate of Status Desired:** No

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

GONZALEZ, MARIO P  
5300 NW 85TH AVE  
APT.307  
DORAL, FL 33166 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	PTD	Title	VPD
Name	PENA GONZALEZ, MARIO F	Name	ARELLANO, ANDREINA
Address	5300 NW 85TH AVE APT.307	Address	5300 NW 85TH AVE APT.307
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*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:** ARELLANO , ANDREINA

VPD

04/07/2017

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

\_\_\_\_\_  
Date