

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000084904

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC7539667411**

**Entity Name:** ANTONIO L. AMADOR, CPA, PA

**Current Principal Place of Business:**

9495 SW 72ND ST  
STE 230  
MIAMI, FL 33173

**Current Mailing Address:**

9495 SW 72ND ST  
STE 230  
MIAMI, FL 33173

**FEI Number:** 65-0785369

**Certificate of Status Desired:** No

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

AMADOR, ANTONIO L  
9495 SW 72ND ST  
SUITE 230  
MIAMI, FL 33173 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 PD  
Name AMADOR, ANTONIO L  
Address 9495 SW 72ND STREET SUITE 230  
City-State-Zip: MIAMI FL 33173

Title VD  
Name AMADOR, EDUARDO M  
Address 9495 SW 72ND STREET SUITE 230  
City-State-Zip: MIAMI FL 33173

Title TD  
Name AMADOR, MICHAEL A  
Address 9495 SW 72ND SUITE 230  
City-State-Zip: MIAMI FL 33173

*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:** ANTONIO L AMADOR

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date