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 GARCIA

Electronic Signature of Signing Officer/Director Detail

<u>2019</u>	FLORIDA	PROFIT	CORPOR/	ATION A	NNUAL	REPORT

DOCUMENT# P98000041402

Entity Name: CONSULTING SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD. 1050 CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD. 1050 CORAL GABLES, FL 33134 US

FEI Number: 65-0833508

Name and Address of Current Registered Agent:

GARCIA, ANTONIO 3162 S.W. 141ST AVENUE MIAMI, FL 33175 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	PD	Title	SD
Name	GARCIA, ANTONIO	Name	GARCIA, EILEEN
Address	3162 S.W. 141 AVE.	Address	3162 S.W. 141 AVE.
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

PD

FILED Jan 14, 2019 Secretary of State 9129639664CC

Certificate of Status Desired: No

01/14/2019

Date