

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G16624

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** PICHARDO, A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

**Current Principal Place of Business:**

3588 MAIN HWY  
MIAMI, FL 33133 US

**New Principal Place of Business:**

36510 TRILBY RD  
DADE CITY, FL 33523 US

**Current Mailing Address:**

3588 MAIN HWY  
MIAMI, FL 33133 US

**New Mailing Address:**

PO BOX 438  
DADE CITY, FL 33526 US

**FEI Number:** 59-2249465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PICHARDO, ADOLFO  
3588 MAIN HWY  
MIAMI, FL 33133 US

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

PICHARDO, ADOLFO  
36510 TRILBY RD  
DADE CITY, FL 33523 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

03/15/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: PICHARDO, ADOLFO  
Address: 36510 TRILBY RD  
City-St-Zip: DADE CITY, FL 33523 US

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: ADOLFO PICHARDO

DPS

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date