

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064852

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MANAGEMENT OF ACCOUNTS RECEIVABLES SERVICES INC

**Current Principal Place of Business:**

3620 NW 205 ST  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

17560 N.W. 27 AVE. SUITE #105  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

PO BOX 552077  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

**FEI Number:** 35-2413639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLERSAINT, JERROD A  
3620 NW 205 ST  
MIAMI GARDENS, FL 33056 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLERSAINT, JERROD A  
Address: 3620 NW 205 ST  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP  
Name: GRIFFIN, JERALD  
Address: 8301 NW 10 AVE  
City-St-Zip: MIAMI, FL 33150

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: JERROD CLERSAINT

CEO

02/09/2012

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

\_\_\_\_\_  
Date