

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000030432

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL ADVICE-CONSULTING SERVICE CORP

**Current Principal Place of Business:**

5161 COLLINS AVE APT 1510  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

1520 NW 66 AVE  
MARGATE, FL 33063

**Current Mailing Address:**

5161 COLLINS AVE APT 1510  
MIAMI BEACH, FL 33140

**New Mailing Address:**

1520 NW 66 AVE  
MARGATE, FL 33063

**FEI Number:** 45-1256357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLEITES, SERGIO A CPA  
1576 SW 87 AVE  
MIAMI, FL 33174 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: DPT  
Name: GARCIA, EDANGEL  
Address: 1520 NW 66 AVE  
City-St-Zip: MARGATE, FL 33063

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: EDANGEL GARCIA

DPT

04/05/2012

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

\_\_\_\_\_  
Date