

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000052953

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MELODY R. LAVRICH, E.A. ACCOUNTING AND TAX SERVICES, INC.

**Current Principal Place of Business:**

3990 SHERIDAN STREET STE 108  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

3866 SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

3990 SHERIDAN STREET STE 108  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

3866 SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

**FEI Number:** 65-0674462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVRICH, MELODY R  
16315 MALIBU DRIVE  
WESTON, FL 33326 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: PCD  
Name: LAVRICH, MELODY R  
Address: 16315 MALIBU DRIVE  
City-St-Zip: WESTON, FL 33326 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: MELODY R LAVRICH

PRES

04/30/2012

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

\_\_\_\_\_  
Date