# above, or on an attachment with all other like empowered.

#### SIGNATURE: JOSE L ALMARALES

Electronic Signature of Signing Officer/Director Detail

# **2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

#### DOCUMENT# 243830

### Entity Name: PROFESSIONAL SERVICES BOOKKEEPING INC

### **Current Principal Place of Business:**

736 NW 22ND AVENUE MIAMI, FL 33125

#### **Current Mailing Address:**

736 NW 22ND AVENUE MIAMI. FL 33125

## FEI Number: 59-1164020

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

ALMARALES, JOSE L 736 NW 22ND AVENUE MIAMI, FL 33125 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	VP
Name	ALMARALES, JOSE L	Name	ALMARALES, MARKELYNE
Address	14270 SW 38 ST	Address	14270 SW 38 ST
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

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

PDT

04/15/2019

Date

#### FILED Apr 15, 2019 Secretary of State 8704234926CC

Date

Certificate of Status Desired: No