# 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.

PRESIDENT

#### SIGNATURE: MIRIAM B WALLING

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F81250

Entity Name: MIRIAM B. WALLING, CPA, P.A.

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

355 NE 5TH AVE SUITE 6 DELRAY BEACH, FL 33483

## **Current Mailing Address:**

355 NE 5TH AVE SUITE 6 DELRAY BEACH. FL 33483

## FEI Number: 59-2184316

## Name and Address of Current Registered Agent:

WALLING, MIRIAM B 355 NE 5TH AVE SUITE 6 DELRAY BEACH, FL 33483 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:

# **Officer/Director Detail :**

Title	PD	Title	D
Name	WALLING, MIRIAM B	Name	WATSON, STEPHANIE M
Address	355 NE 5TH AVE SUITE 6	Address	355 NE 5TH AVE SUITE 6
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	DELRAY BEACH FL 33483

Electronic Signature of Registered Agent

Certificate of Status Desired: No

# FILED Jan 07, 2013 Secretary of State CC1883126283

Date

01/07/2013 Date