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: MIRIAM B WALLING CPA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F81250

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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/Di

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

JRE:					
	Electronic Signature of Registered Agent				
irector Detail :					
	PD	Title	D		
	WALLING, MIRIAM B	Name	WATSON, STEPHANIE M		

PRESIDENT

02/09/2019

FILED Feb 09, 2019 Secretary of State 4249294608CC

Date

Certificate of Status Desired: No

Date