

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H76270

Entity Name: AVID FLOOR MAINTENANCE, INC.**Current Principal Place of Business:**1201 US HWY ONE STE 405
NORTH PALM BEACH, FL 33408**Current Mailing Address:**1201 US HWY ONE STE 405
NORTH PALM BEACH, FL 33408**FEI Number:** 59-2582891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOLOMON, ANITA
1201 US HWY ONE STE 405
NORTH PALM BEACH, FL 33408 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_____
Date**Officer/Director Detail :**

Title	PD
Name	SOLOMON, ANITA G
Address	14530 CYPRESS ISLAND CIR
City-State-Zip:	PALM BCH GARDENS FL 33410

Title	VSD
Name	SOLOMON, ANITA
Address	14530 CYPRESS ISLAND CIR
City-State-Zip:	PALM BCH GARDENS FL 33410

Title	VP
Name	CONTE, ELAINE D
Address	124 SHORE COURT APT. 109
City-State-Zip:	NORTH PALM BEACH FL 33408

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: ANITA SOLOMON

PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail_____
Date