

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L52744

**Entity Name:** PASTRAN, P.A., CPA'S

**Current Principal Place of Business:**

333 NE 8 STREET  
HOMESTEAD, FL 33030

**Current Mailing Address:**

P.O. BOX 900969  
HOMESTEAD, FL 33090-0969 US

**FEI Number:** 65-0175562

**Certificate of Status Desired:** No

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

PASTRAN, RAUL E  
333 NE 8 STREET  
HOMESTEAD, FL 33030 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           PTS  
Name           PASTRAN, RAUL E  
Address        333 NE 8 STREET  
City-State-Zip: HOMESTEAD FL

*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:** RAUL E PASTRAN

**PRESIDENT**

**03/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date