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

SIGNATURE: HECTOR LLEVAT

Electronic Signature of Signing Officer/Director Detail

FEI Number: 03-0437230 Name and Address of Current Registered Agent:

LLEVAT, HECTOR 1280 SW 142 CT MIAMI, FL 33184 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/

Title	D	Title	D
Name	LLEVAT, HECTOR	Name	FERNANDEZ, DORAIDA
Address	1280 SW 142 CT	Address	1280 SW 142 CT
City-State-Zip:	MIAMI FL 33184	City-State-Zip:	MIAMI FL 33184

	Electronic Signature of Registered Agent				
/Director Detail :					
	D	Title	D		
	LLEVAT, HECTOR	Name	FERNANDEZ, DORAIDA		

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

PRESIDENT

01/11/2014 Date

FILED Jan 11, 2014 Secretary of State CC6835483294

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030657

Entity Name: HECTOR LLEVAT ACCOUNTING SERVICES INC

Current Principal Place of Business:

1280 SW 142 CT MIAMI, FL 33184

1280 SW 142 CT MIAMI, FL 33184

Current Mailing Address:

Certificate of Status Desired: No

Date