

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000000622

**Entity Name:** A PLUS CONSULTING, INC.

**Current Principal Place of Business:**

5762 OKEECHOBEE BLVD.  
501  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

5762 OKEECHOBEE BLVD.  
501  
WEST PALM BEACH, FL 33417

**FEI Number:** 20-0570026

**Certificate of Status Desired:** No

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

FISHER, JOE  
5762 OKEECHOBEE BLVD.  
501  
WEST PALM BEACH, FL 33417 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:** JOE FISHER

03/04/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR OF OPERATIONS  
Name FINKLER, EDITH  
Address 5762 OKEECHOBEE BLVD SUITE 501  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR OF INFORMATION AND TECHNOLOGY  
Name FISHER, JOE  
Address 5762 OKEECHOBEE BLVD.  
501  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR OF CREATIVE SERVICES  
Name DOMINGUEZ, ALEXIS  
Address 5762 OKEECHOBEE BLVD.  
501  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR OF HUMAN RESOURCES  
Name DOMINGUEZ, ALYSSA  
Address 5762 OKEECHOBEE BLVD.  
501  
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR OF MARKETING  
Name DOMINGUEZ, ARIEL  
Address 5762 OKEECHOBEE BLVD.  
501  
City-State-Zip: WEST PALM BEACH FL 33417

*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:** EDITH FINKLER

MANAGING PARTNER

03/04/2024

Electronic Signature of Signing Officer/Director Detail

Date