

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073831

**Entity Name:** TAX SERVICES OF MIAMI, INC.

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**9618414555CC**

**Current Principal Place of Business:**

10300 SUNSET DRIVE  
SUITE #420  
MIAMI, FL 33173

**Current Mailing Address:**

10300 SUNSET DRIVE  
SUITE #420  
MIAMI, FL 33173 US

**FEI Number:** 27-3413794

**Certificate of Status Desired:** No

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

MEDINA, JENNIFER M  
10300 SUNSET DR  
SUITE #420  
MIAMI, FL 33173 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           VP  
Name           MEDINA, JENNIFER M  
Address        10300 SUNSET DR SUITE #420  
City-State-Zip: MIAMI FL 33173

Title           PRESIDENT  
Name           MEDINA, AGUSTIN F  
Address        10300 SUNSET DRIVE  
                  SUITE #420  
City-State-Zip: MIAMI FL 33173

*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:** JENNIFER MEDINA

**V** PRESIDENT

**02/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date