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.

CEO

SIGNATURE: DIEUSEUL ALCIDE

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	ALCIDE, DIEUSEUL	Name	EXAMAR, ELIETTE A
Address	5669 W BEAVER STREET	Address	4770 BARNES RD
City-State-Zip:	JACKSONVILLE FL 32254	City-State-Zip:	#4 JACKSONVILLE FL 32207
Title	TRES		
Name	ALCIDE, JOSHUA M		
Address	4770 BARNES RD UNIT 4		
City-State-Zip:	JACKSONVILLE FL 32207		

Name and Address of Current Registered Agent:

ALCIDE, DIEUSEUL 4770 BARNES RD STE 4 JACKSONVILLE, FL 32207 US

SIGNATURE:

4770 BARNES RD

Entity Name: CITY TAX SERVICES, INC **Current Principal Place of Business:**

DOCUMENT# P13000031705

4770 BARNES RD 4 JACKSONVILLE, FL 32207

Current Mailing Address:

4 JACKSONVILLE, FL 32207

FEI Number: 46-3161735

Electronic Signature of Registered Agent

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.

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED May 26, 2020 Secretary of State 1076722494CC

Certificate of Status Desired: No

05/26/2020

Date