Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P14000092283

# Entity Name: APPS SERVICES INC

#### **Current Principal Place of Business:**

1655 E HWY 50 SUITE 203 CLERMONT, FL 34711

#### **Current Mailing Address:**

1655 E HWY 50 SUITE 203 CLERMONT, FL 34711 US

### FEI Number: 35-2520006

### Name and Address of Current Registered Agent:

KABA CONSULTING, INC 1655 E HWY 50 SUITE 203 CLERMONT, FL 34711 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

# **Officer/Director Detail :**

Title	Р	Title	VP
Name	PARDO DURAN, ELKIN A	Name	ISAZA PENA, CARLOS A
Address	1655 E HWY 50 SUITE 203	Address	1655 E HWY 50 SUITE 203
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

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. Ρ

SIGNATURE: PARDO DURAN, ELKIN A

Date

May 01, 2018 Secretary of State CC2361157115

FILED

Certificate of Status Desired: No

05/01/2018 Date