

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000049971

Entity Name: PHOENIX IT SERVICES INC**Current Principal Place of Business:**6888 PALMETTO CIRCLE S #908
BOCA RATON, FL 33433**Current Mailing Address:**6888 PALMETTO CIRCLE S #908
BOCA RATON, FL 33433 US**FEI Number:** 84-2186722**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOMES, ANA
6888 PALMETTO CIRCLE S #908
BOCA RATON, FL 33433 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	P
Name	CICCONE, JOSEPH
Address	6888 PALMETTO CIRCLE S #908
City-State-Zip:	BOCA RATON FL 33433

Title	TRE
Name	GOMES, ANA
Address	6888 PALMETTO CIRCLE S #908
City-State-Zip:	BOCA RATON FL 33433

Title	SEC
Name	GOMES, ANA
Address	6888 PALMETTO CIRCLE S #908
City-State-Zip:	BOCA RATON FL 33433

Title	VP
Name	GOMES, ANA
Address	6888 PALMETTO CIRCLE S #908
City-State-Zip:	BOCA RATON FL 33433

Title	DIR
Name	CICCONE, JOSEPH
Address	6888 PALMETTO CIRCLE S #908
City-State-Zip:	BOCA RATON FL 33433

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: JOSEPH CICCONE

P

05/31/2020

Electronic Signature of Signing Officer/Director Detail_____
Date