

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000094737

Entity Name: AMAYSING SOLUTIONS, INC.**Current Principal Place of Business:**3166 LAUREL RIDGE CIRCLE
RIVIERA BEACH, FL 33404**Current Mailing Address:**3166 LAUREL RIDGE CIRCLE
RIVIERA BEACH, FL 33404**FEI Number:** 84-4692307**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAYS, NOBLE
954 44TH STREET
WEST PALM BEACH, FL 33407 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	MAYS, TARRY L SR.
Address	3166 LAUREL RIDGE CIRCLE
City-State-Zip:	RIVIERA BEACH FL 33404

Title	VP
Name	MAYS, NOBLE J
Address	954 44TH STREET
City-State-Zip:	WEST PALM BEACH FL 33407

Title	T
Name	MAYS, TARRY A JR.
Address	3166 LAUREL RIDGE CIRCLE
City-State-Zip:	RIVIERA BEACH FL 33404

Title	S
Name	MAYS, HONOUR T
Address	3166 LAUREL RIDGE CIRCLE
City-State-Zip:	RIVIERA BEACH FL 33404

Title	C
Name	MAYS, FAITH
Address	3166 LAUREL RIDGE CIRCLE
City-State-Zip:	RIVIERA BEACH FL 33404

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: TARRY MAYS**PRESIDENT****03/12/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date