

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000003241

**Entity Name:** SONIA NARVAEZ, CPA, PA

**Current Principal Place of Business:**

1813 N DEAN RD  
SUITE 104  
ORLANDO, FL 32817

**Current Mailing Address:**

1813 N DEAN RD  
SUITE 104  
ORLANDO, FL 32817

**FEI Number:** 59-3420712

**Certificate of Status Desired:** No

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

NARVAEZ, SONIA E  
1813 N DEAN RD  
SUITE 104  
ORLANDO, FL 32817 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 D  
Name NARVAEZ, SONIA E  
Address 1813 N DEAN RD  
SUITE 104  
City-State-Zip: ORLANDO FL 32817  
  
Title PRESIDENT  
Name NARVAEZ, SONIA E  
Address 1813 N DEAN RD  
SUITE 104  
City-State-Zip: ORLANDO FL 32817

Title TRUSTEE  
Name SONIA ELIZABETH NARVAEZ, AS  
TRUSTEE OF THE SONIA ELIZABETH  
NARVAEZ TRUST, DATED APRIL  
29,2019  
Address 1813 N DEAN RD  
SUITE 104  
City-State-Zip: ORLANDO FL 32817

*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:** SONIA E NARVAEZ

**PRESIDENT**

**03/27/2024**

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

\_\_\_\_\_  
Date