

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S53103

**Entity Name:** ACCURATE CONTRACTING SERVICES, INC.

**Current Principal Place of Business:**

7681 HIGH PINE RD  
ORLANDO, FL 32819

**FILED**  
**Apr 01, 2014**  
**Secretary of State**  
**CC4129588730**

**Current Mailing Address:**

7681 HIGH PINE RD  
ORLANDO, FL 32819 US

**FEI Number: 59-3061854**

**Certificate of Status Desired: No**

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

NUNEZ, PETER DPTS  
7681 HIGH PINE RD  
ORLANDO, FL 32819 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 DPTS  
Name NUNEZ, PETER DPTS  
Address 7681 HIGH PINE RD  
City-State-Zip: ORLANDO FL 32819

Title TREASURER  
Name HIGUERA, SERGIO  
Address 7681 HIGH PINE RD  
City-State-Zip: ORLANDO FL 32819

Title TREASURER  
Name NUNEZ, ELIZABETH  
Address 7681 HIGH PINE RD  
City-State-Zip: ORLANDO FL 32819

Title TREASURER  
Name HIGUERA, MARIANA  
Address 7681 HIGH PINE RD  
City-State-Zip: ORLANDO FL 32819

Title DPTS  
Name NUNEZ, PETER DPTS  
Address 7681 HIGH PINE RD  
City-State-Zip: ORLANDO FL 32819

Title DPTS  
Name NUNEZ, PETER DPTS  
Address 7681 HIGH PINE RD  
City-State-Zip: ORLANDO FL 32819

*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: PETER NUNEZ**

**DPTS**

**04/01/2014**

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

\_\_\_\_\_  
Date