

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63920

**Entity Name:** INFELD BARR REISKIND C.P.A.S, P.A.

**Current Principal Place of Business:**

5011 S STATE RD 7  
#107  
DAVIE, FL 33314

**Current Mailing Address:**

5011 S STATE RD 7  
#107  
DAVIE, FL 33314

**FEI Number:** 65-0269640

**Certificate of Status Desired:** No

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

WASSERSTROM, BARRY  
5011 S STATE RD 7  
#107  
DAVIE, FL 33314 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 PD  
Name BARR, KAREN  
Address 5011 S STATE RD 7 SUITE 107  
City-State-Zip: DAVIE FL 33314

Title VPD  
Name WASSERSTROM, BARRY  
Address 5011 S STATE RD 7 SUITE 107  
City-State-Zip: DAVIE FL 33314

*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:** KAREN BARR

**PRES**

**03/05/2017**

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

\_\_\_\_\_  
Date