


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 550518**  
1. Entity Name  
**ACCOUNTING SYSTEMS & TAXES INC.**



Principal Place of Business      Mailing Address  
12340 N.W. 30TH ST.      12340 N.W. 30TH ST.  
SUNRISE, FL 33323      SUNRISE, FL 33323

**DO NOT WRITE IN THIS SPACE**



02052004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1778270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BETANCOURT, CARMEN E.  
12340 NW 30 ST  
SUNRISE, FL 33323

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000075466 03/03/04-80060-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCOURT, ORESTE D. 12340 N.W. 30TH ST. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BETANCOURT, CARMEN E 12340 N.W. 30TH ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTR BETANCOURT, FRANCOIS 12340 NW 30TH ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Carmen E. Betancourt** *Carmen Betancourt* /28/04 (954) 792-8317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #