

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F87402

FILED
Jan 14, 2008
Secretary of State

Entity Name: ASSOCIATED TAX CONSULTANTS, INC.

Current Principal Place of Business:

6163 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

6163 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

Current Mailing Address:

6163 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

6163 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDWARD GARCIA, INC.
6163 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GARCIA, EDWARD
Address: 6163 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: GARCIA, NITZA D
Address: 6163 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: BENROCH, MATHILDE
Address: 6163 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD GARCIA, _____

Electronic Signature of Signing Officer or Director

P

01/14/2008

_____ Date