

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # H92415
 1. Entity Name
 ACCOUNTING ADMINISTRATIVE SERVICES, INC.



Principal Place of Business Mailing Address
 C/O JULIAN J. RODRIGUEZ C/O JULIAN J. RODRIGUEZ
 2801 PONCE DE LEON BLVD STE 1000 2801 PONCE DE LEON BLVD STE 1000
 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2618817 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODRIGUEZ, JULIAN J
 2801 PONCE DE LEON BLVD STE 1000
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000276920
 03/26/05-60008-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LLORENTE, IVAN R. 2801 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, JULIAN J. 2801 PONCE DE LEON BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIESCO, JOSE 2801 PONCE DE LEON BLVD CORAL GABLES, FL
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ivan R. Llorente* IVAN R. LLORENTE 2/11/05 305-445-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #