


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90070 001 ***150.00

DOCUMENT # P01000020178

1. Entity Name.
FLA TAX ADVISORS, INC



Principal Place of Business Mailing Address

~~3890 W. COMMERCIAL BLVD., #214~~ P.O. BOX 117
~~FT. LAUDERDALE, FL 33309~~ POMPANO BEACH, FL 33061

2. Principal Place of Business 3. Mailing Address

441 S. State Rd 7 **441 S. State Rd 7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
19A **19A**

City & State City & State

Margate, FL **Margate FL**

Zip Country Zip Country

33068 **Broward** **33068** **Broward**

6. Name and Address of Current Registered Agent

FUELLING, DEREK G
~~3890 W. COMMERCIAL BLVD., #214~~
~~FT. LAUDERDALE, FL 33309~~



04202004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1090595 Not Applicable

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

7. Name and Address of New Registered Agent

Name **Derek Fuelling**

Street Address (P.O. Box Number is Not Acceptable)
441 S. State Rd 7 #19A

City **Margate** FL Zip Code **33068**

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: *Derek Fuelling* DATE: *4-20-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUELLING, DEREK G P. O. BOX 117 POMPANO BCH, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: *Derek Fuelling* DATE: *4-20-04* DAYTIME PHONE: *954-969-5589*

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