


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000141791 1. Entity Name JMH TAX & ACCOUNTING SERVICES, INC. |  |
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| Principal Place of Business 2280 SW 143 PL MIAMI, FL 33175 | Mailing Address 2280 SW 143 PL MIAMI, FL 33175 |
|--|--|



01032005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 55-0853779 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NEW FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE, FL 33311

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

1100000238251
02/21/05-80091-001 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CABRERA, J. LUIS 2280 SW 143 PL MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CABRERA, MICHELLE 2280 S.W. 143 PL. MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HORTENSIA, CABRERA 2280 S.W. 143 PL. MIAMI, FL 33175 |
| 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)(l), 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:  **2/12/05 (305) 207-8481**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #