

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026346

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** COMPLETE CHOICE ACCOUNTING SERVICES INC.

**Current Principal Place of Business:**

823 N.E. 199 STREET #203  
NORTH MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

823 N.E. 199 STREET #203  
NORTH MIAMI, FL 33179

**New Mailing Address:**

P.O. BOX 550313  
FT. LAUDERDALE, FL 33355

**FEI Number:** 20-2378841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF HOWARD M. NEU, P.A.  
1152 N. UNIVERSITY DRIVE  
SUITE 201  
PEMBROKE PINES, FL 33024 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: PTD ( ) Delete  
Name: PINEDA, SYLVIA  
Address: 823 N.E. 199 STREET #203  
City-St-Zip: NORTH MIAMI, FL 33179

Title: VSD ( ) Delete  
Name: GOLDBERG, IRA  
Address: 823 N.E. 199 STREET #203  
City-St-Zip: NORTH MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VSD (X) Change ( ) Addition  
Name: GOLDBERG, IRA  
Address: P.O. BOX 550313  
City-St-Zip: FT. LAUDERDALE, FL 33355

I hereby certify that the information supplied with this filing does not qualify for the 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:** IRA GOLDBERG

VSD

04/18/2006

Electronic Signature of Signing Officer or Director

Date