

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000017100 1. Entity Name ABREU ACCOUNTING & TAXES INC	
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Principal Place of Business 25511 SEVEN RIVERS CIRCLE LAND O LAKES, FL 34639 US	Mailing Address 25511 SEVEN RIVERS CIRCLE LAND O LAKES, FL 34639 US
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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4259834	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ABREU, DULCE M 25511 SEVEN RIVERS CIRCLE LAND O LAKES, FL 34639	DO NOT WRITE IN THIS SPACE
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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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

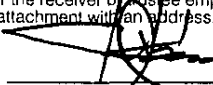
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREU, MARIO 25511 SEVEN RIVERS CIRCLE LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREU, DULCE M 25511 SEVEN RIVERS CIRCLE LAND O LAKES, FL 34639
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05/23/08-80079-024-150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of justice 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:  Mario Abreu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 04/28/08 Daytime Phone #: 813-991-4299