

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058809

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** C & M PALOMINO TAX CENTER INC

**Current Principal Place of Business:**

600 THACKER AVE  
STE D63  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

600 N THACKER AVE  
STE C18  
KISSIMMEE, FL 34741

**Current Mailing Address:**

600 THACKER AVE  
STE D63  
KISSIMMEE, FL 34741

**New Mailing Address:**

600 N THACKER AVE  
STE C18  
KISSIMMEE, FL 34741

**FEI Number:** 27-0531488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALOMINO, CARLOS  
600 THACKER AVE  
STE D63  
KISSIMMEE, FL 34741 US

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

PALOMINO, CARLOS M  
600 N THACKER AVE  
STE C18  
KISSIMMEE, FL 34741 US

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: CARLOS PALOMINO

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PALOMINO, MARIA  
Address: 4313 BIEL CT  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP  
Name: PALOMINO, CARLOS M  
Address: 4313 BIEL CT  
City-St-Zip: KISSIMMEE, FL 34746 US

I hereby 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 all other like empowered.

SIGNATURE: CARLOS PALOMINO

VP

04/28/2011

Electronic Signature of Signing Officer or Director

Date