2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2004 08:00 AM Secretary of State **DOCUMENT # P92000014866** PRONTO INCOME TAX, INC. Mailing Address Principal Place of Business 7360 CORAL WAY 7360 CORAL WAY SUITE 21 SUITE 21 MIAMI, FL 33155 MIAMI, FL 33155 CR2E034 (10/03) 01262004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0376434 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORONADO, RAMONA 7360 CORAL WAY #21 IN THIS SPACE MIAMI, FL 33155 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. (NOTE, Registered Agent signature required when reinstating) 000000022811 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 01/30/04-80059-017 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE CORONADO, RAMONA NAME 7360 CORAL WAY, SUITE 21 STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

Davilma Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: