

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058809

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

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC9799861545**

**Current Principal Place of Business:**

600 N THACKER AVE  
STE C18  
KISSIMMEE, FL 34741

**Current Mailing Address:**

600 N THACKER AVE  
STE C18  
KISSIMMEE, FL 34741

**FEI Number:** 27-0531488

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title EXECUTIVE SECRETARY, VP  
Name PALOMINO, MARIA  
Address 4119 VISTA LAGO CIR  
208  
City-State-Zip: KISSIMMEE FL 34741

Title PRESIDENT, CEO  
Name PALOMINO, CARLOS M  
Address 4119 VISTA LAGO CIR  
208  
City-State-Zip: KISSIMMEE FL 34741

*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

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date