

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 550518

1. Entity Name
ACCOUNTING SYSTEMS & TAXES INC.



FILED
Feb 09, 2006 08:00 AM
Secretary of State

Principal Place of Business

12340 N.W. 30TH ST
SUNRISE, FL 33323

Mailing Address

12340 N.W. 30TH ST
SUNRISE, FL 33323



02042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1778270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETANCOURT, CARMEN E.
12340 NW 30 ST
SUNRISE, FL 33323

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCOURT, ORESTE D. 12340 N.W. 30TH ST. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BETANCOURT, CARMEN E 12340 N.W. 30TH ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTR BETANCOURT, FRANCOIS 12340 NW 30TH ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000426409
02/20/06-80043-002 150.00

**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 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.

SIGNATURE: Carmen E. Betancourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/06 954-792-831

Date

Daytime Phone #