

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 603577**

1. Entity Name  
ALCOVER ACCOUNTING & TAX SERVICE, P.A.



Principal Place of Business

1112 SW 1ST ST  
MIAMI, FL 33130 US

Mailing Address

1112 SW 1ST ST  
MIAMI, FL 33130 US

**DO NOT WRITE IN THIS SPACE**

02122005 No Chg-P CR2E034 (10/03)

4. FCI Number  
59-1401794

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALCOVER, GEORGINA M.  
118TH S.W. 11TH AVE., #3  
MIAMI, FL 33130

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALCOVER, GEORGINA M  
STREET ADDRESS 118 SW 11TH AVE. #3  
CITY- ST- ZIP MIAMI, FL

TITLE SD  
NAME ALCOVER, JOSEPH L  
STREET ADDRESS 118 S.W. 11TH AVENUE #3  
CITY- ST- ZIP MIAMI, FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

000000359934  
05/05/05-80012-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Georgina M. Alcover* P.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 305-324-1519  
Date Day-Mo-Phone #