2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 603577

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

Current Principal Place of Business:

1112 SW 1ST ST
MIAMI, FL 33130 US

New Principal Place of Business:

1112 SW 1ST ST
MIAMI, FL 331301011 US

Current Mailing Address:

1112 SW 1ST ST
MIAMI, FL 33130 US

New Mailing Address:

1112 SW 1ST ST
MIAMI, FL 331301011 US

FEI Number: 59-1401794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GEORGINA M, ALCOVER D P
118TH S.W. 11TH AVE.,
#3
MIAMI, FL 33130 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: GEORGINA M ALCOVER 04/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALCOVER,GEORGINA M
Address: 118 SW 11TH AVE. #3
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete
Name: ALCOVER, JOSEPH L
Address: 118 S.W. 11TH AVENUE #3
City-St-Zip: MIAMI, FL 33130

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECR ( ) Change (X) Addition
Name: JOSEP H L, ALCOVER D SECR
Address: 118 SW 118 TH AVENUE
City-St-Zip: MIAMI, FL 331301030 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGINA M ALCOVER PRES 04/26/2009
Electronic Signature of Signing Officer or Director Date