

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 605809

1. Entity Name
PROFESSIONAL FINANCIAL ACCOUNTING, INC.



Principal Place of Business
1215 SE 2ND AVE
STE 202
FT LADUERDAEL, FL 33316 US

Mailing Address
4530 SW 25TH TERR
FT LADFUERDALE, FL 33312 US



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1875600

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MODAS, DANIEL A.
4530 SW 25TH TERRACE
FORT LAUDERDALE, FL 33312

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000935865
02/29/08-80050-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MODAS, SHEILA A.
4530 SW 25TH TERR.
FORT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHILLIPS, PATRICIA LYNNE
6722 BAYFRONT DR
MARGATE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MODAS, DANIEL A
1215 SE 2ND AVE
FT LADUERDAEL, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SHEILA A. MODAS
954
2/20/08 763.2460