

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42333

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: RAND TAX ASSOCIATES, INC.

**Current Principal Place of Business:**

% SHIRLEY SWEENEY  
3898 WEST FLAGLER STREET  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

% SHIRLEY SWEENEY  
3898 WEST FLAGLER STREET  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number: 59-2295324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATKINS, PAUL E  
15365 S.W. 178 TERRACE  
MIAMI, FL 33187 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: ATKINS, PAUL  
Address: 15365 SW 178N TERRACE  
City-St-Zip: MIAMI, FL 33187

Title: P ( ) Delete  
Name: ATKINS, ARACELI N  
Address: 15365 SW 178 TERRACE  
City-St-Zip: MIAMI, FL 33187

Title: T ( ) Delete  
Name: SWEENEY, SHIRLEY  
Address: 3731 NW 2ND STREET  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ATKINS PAUL

P

03/11/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date