2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67510

FILED Feb 09, 2005 Secretary of State

Entity Name: TAX CLINIC INC. OF MIAMI	
Current Principal Place of Business:	New Principal Place of Business:
17410 NW 27 AVE OPA LOCKA, FL 33056 US	
Current Mailing Address:	New Mailing Address:
17410 NW 27 AVE OPA LOCKA, FL 33056 US	
FEI Number: 59-2494551 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
RUDD, BRANNOCK 12918 SW 26 STREET MIRAMAR, FL 33027 US	RUDD, BRANNOCK 12918 SW 26 STREET MIRAMAR, FL 33027 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: BRANNOCK RUDD	02/09/2005
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PRES () Delete Name: RUDD, BRANNOCK, Address: 12918 SW 26 STREET City-St-Zip: MIRAMAR, FL 33027	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: City-St-Zip:	Title: VP () Change (X) Addition Name: MCKINNEY, CHARLOT V Address: 17850 NW 28 COURT City-St-Zip: OPA LOCKA, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRANNOCK RUDD PRES 02/09/2005