


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90175 040 ***150.00

DOCUMENT # H92415 1. Entity Name ACCOUNTING ADMINISTRATIVE SERVICES, INC.	
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40080361



03092007 Chg-P CR2E034 (12/06)

Principal Place of Business C/O JULIAN J. RODRIGUEZ 2801 PONCE DE LEON BLVD STE 1000 CORAL GABLES, FL 33134 US		Mailing Address C/O JULIAN J. RODRIGUEZ 2801 PONCE DE LEON BLVD STE 1000 CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box # 95 Merrick Way Suite, Apt. #, etc. 250	3. Mailing Address 95 Merrick Way Suite, Apt. #, etc. 250		
City & State Coral Gables FL	City & State Coral Gables, FL		
Zip 33134	Country US	Zip 33134	Country US

4. FEI Number
59-2618817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent RODRIGUEZ, JULIAN J 2801 PONCE DE LEON BLVD STE 1000 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 95 Merrick Way suite 250 City Coral Gables FL Zip Code 33134	
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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LLORENTE, IVAN R. 2801 PONCE DE LEON BLVD CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 Merrick Way, ste. 250 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, JULIAN J. 2801 PONCE DE LEON BLVD CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 Merrick Way, ste. 250 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIESCO, JOSE 2801 PONCE DE LEON BLVD CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 95 Merrick Way, ste. 250 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/23/07

Date

Daytime Phone #