

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45478

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: AMERICAN ACCOUNTING OF SO. FLORIDA, INC.

**Current Principal Place of Business:**

20810 W DIXIE HWY  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20810 W DIXIE HWY  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

FEI Number: 59-2759931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STUART SOCOL  
20810 W. DIXIE HWY  
NORTH MIAMI BEACH, FL 33180 US

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

SOCOL, STUART  
20810 W. DIXIE HWY  
NORTH MIAMI BEACH, FL 33180 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: STUART SOCOL

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SOCOL, STUART  
Address: 20810 W. DIXIE HWY.  
City-St-Zip: N. MIAMI BEACH, FL 33180

Title: VP (X) Delete  
Name: SOCOL, ROBERT  
Address: 20810 W DIXIE HWY  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: P ( ) Delete  
Name: SOCOL, IRIS  
Address: 20810 W. DIXIE HIGHWAY  
City-St-Zip: N. MIAMI BEACH, FL 33180

**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: IRIS SOCOL

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date