

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 021 ***150.00

DOCUMENT # J67568 1. Entity Name FLAMINGO ACCOUNTING SERVICE, INC.					
Principal Place of Business 10801 SW 51ST CT FT LAUDERDALE, FL 33328			Mailing Address 10801 SW 51ST CT FT LAUDERDALE, FL 33328		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 357 FULLER DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State EASLEY SC		4. FEI Number 65-0013831	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29640		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRIED, JOANNE 10801 SW 51ST CT FT LAUDERDALE, FL 33328			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD FRIED, JOANNE 10801 SW 51ST CT FT LAUDERDALE, FL	<input type="checkbox"/> Delete			
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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: <u>Joanne Fried</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		Date: <u>1/21/08</u> Daytime Phone #: <u>954 9805309</u>			