

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90004 004 ***150.00

DOCUMENT # K35182

1. Entity Name
EXECUTAX FINANCIAL CORP.



Principal Place of Business

**C/O RONALD A. GUILER
8585 SUNSET DR, SUITE 15
MIAMI, FL 33143**

Mailing Address

**C/O RONALD A. GUILER
8585 SUNSET DR, SUITE 15
MIAMI, FL 33143**

54060237



07012004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0075029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUILER, RONALD A.
8585 SUNSET DR
SUITE 15
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
GUILER, RONALD A.
8585 SUNSET DR #15
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUILER, RONALD A.
8585 SUNSET DR #15
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowers.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/04

305-595-2474



Executax.

8585 Sunset Drive #15

Miami, Florida 33143

Telephone (305) 595-2474 • Fax (305) 596-1919

E-mail: executax@hotmail.com

Web: www.accountant-city.com/executax

Attachment

54060237

There is nothing sinister in so arranging one's
affairs as to keep taxes as low as possible.

Judge Learned Hand
Commissioner v. Newman

July 1, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314

RE: 2004 For Profit Corporation Annual Report
Document # K35182

To Whom It May Concern:

We are writing this is regards to the late fee for filing of the annual report. We did not receive the pre-printed forms and thus were unaware of the filing due date. According to your prerecording we are entitled to a waiver of the late fee assessed. We are enclosing the report along with a check for \$150.00. This should suffice any fees owed to you. If there are any additional comments, please contact me via the information provided above.

Sincerely,

Ronald A. Guiler EA, ATA, CFP
President