



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # L28098 | |  |
| 1. Entity Name ACCOUNTING MANAGEMENT SERVICES OF CENTRAL FLORIDA, INC. | | |
| Principal Place of Business 306 E. BULLARD PKWY TAMPA, FL 33617 US | Mailing Address 17905 CACHET ISLE TAMPA, FL 33647 | |

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2968425 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
 306 E. BULLARD PKWY
 TAMPA, FL 33617

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

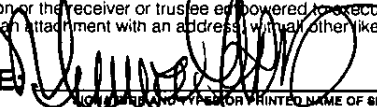
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAMOS, JOSE S. 306 E. BULLARD PKWY TAMPA, FL 33617 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS RAMOS, MINERVA F. 306 E. BULLARD PKWY TAMPA, FL 33617 |
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 06/02/08-80043-017 150.00

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, without other like empowered.

SIGNATURE:  Minerva F. Ramos Pres. Date: 4/30/08 813 971-8656 Daytime Phone #