


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90324 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50039406



DOCUMENT # M39544			
1. Entity Name ACCOUNTANT & TAX CONSULTANT, INC.			
Principal Place of Business 9701 S.W. 5TH STREET MIAMI, FL 33174		Mailing Address 9701 S.W. 5TH STREET MIAMI, FL 33174	
2. Principal Place of Business 8401 N.W. 8 St		3. Mailing Address 8401 N.W. 8th St	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State MIAMI FLA		City & State MIAMI FL	
Zip 33126	Country Mani-Dade	Zip 33126	Country MIAMI-DADE
6. Name and Address of Current Registered Agent GARCIGA, HILDA 9701 S.W. 5TH STREET MIAMI, FL 33174		7. Name and Address of New Registered Agent Name HILDA GARCIGA Street Address (P.O. Box Number is Not Acceptable) 8401 N.W. 8 St # 201 City MIAMI FL Zip Code 33126	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DVES GARCIGA, HILDA 9701 SW 5TH ST MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8401 N.W. 8 St # 201 MIAMI FL 33126 <input checked="" 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
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 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 empowered.			
SIGNATURE: <i>Hilda Garcia</i>		Hilda Garcia-President	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> 3/9th/05	
		<small>Daytime Phone #</small>	