


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M43444**  
 1. Entity Name  
 ACCOUNTANTS ASSOCIATES, INC.



Principal Place of Business C/O ARAMIS LOPEZ 801 W. 49 ST., #224 HIALEAH, FL 33012	Mailing Address C/O ARAMIS LOPEZ 801 W. 49 ST., #224 HIALEAH, FL 33012
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**DO NOT WRITE IN THIS SPACE**



02142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2752885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOPEZ, ARAMIS JR.  
 801 W. 49TH ST., #224  
 HIALEAH, FL 33012

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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 retreating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD LOPEZ, ARAMIS 8902 NW 189 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARAMIS, LOPEZ JR. 8861 NW 186TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, YOLANDA 8902 NW 189 TER MIAMI, FL 33018
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 03/22/04-80032-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Aramis Lopez *Presid.* 3/19/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 ARAMIS LOPEZ SP.