


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M43444</b> 1. Entity Name ACCOUNTANTS ASSOCIATES, INC.	
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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



01152006	No Chg-P	CR2E034 (11/05)
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 reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LOPEZ, ARAMIS
STREET ADDRESS	8902 NW 189 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	DS
NAME	FERNANDEZ, RUBEN
STREET ADDRESS	1837 W 63 ST
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000394636  
01/26/06-80017-021 150.00

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, with all other like empowered.

SIGNATURE: <i>x Aramis Lopez</i>	ARAMIS LOPEZ PRESID. <i>x 1-17-04</i>	Date
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #