


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90046 033 ***150.00


DOCUMENT # M56830
 1. Entity Name
VIDAL ACCOUNTING SERVICES, INC.



Principal Place of Business Mailing Address
1330 CORAL WAY STE.305 MIAMI FL 33145 **1330 CORAL WAY STE.305 MIAMI FL 33145**

2. Principal Place of Business 3. Mailing Address
701 S.W. 27 AVE **701 S.W. 27 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
606 **606**

City & State City & State
Miami, FLORIDA **Miami, FLORIDA**
 Zip Country Zip Country
33135 U.S.A. **33135 U.S.A.**



MOORE CR2E034 (11/03)

4. FEI Number **59-2832764** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VIDAL, VICTOR
1330 CORAL WAY
STE.305
MIAMI FL 33145

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
701 S.W. 27 AVE #606
 City **Miami** FL Zip Code **33135**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	TV <input type="checkbox"/> Delete
NAME	VIDAL, VICTOR
STREET ADDRESS	1330 CORAL WAY #305 701 S.W. 27 AVE #606
CITY-ST-ZIP	MIAMI FL 33145 Miami, FL 33135
TITLE	P <input type="checkbox"/> Delete
NAME	VIDAL, MAYRA
STREET ADDRESS	1330 CORAL WAY #305 701 S.W. 27 AVE #606
CITY-ST-ZIP	MIAMI FL 33145 Miami, FL 33135
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Victor Vidal* 4/3/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #