

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 01, 2009  
Secretary of State**

DOCUMENT# M56830

Entity Name: VIDAL ACCOUNTING SERVICES, INC.

**Current Principal Place of Business:**

701 S.W. 27 AVE  
606  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

701 S.W. 27 AVE  
606  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 59-2832764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIDAL, VICTOR  
701 S.W. 27 AVE  
#606  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: VIDAL, VICTOR  
Address: 701 S.W. 27 AVE. #606  
City-St-Zip: MIAMI, FL 33135

Title: S ( ) Delete  
Name: VIDAL, MAYRA  
Address: 701 S.W. 27 AVE. #606  
City-St-Zip: MIAMI, FL 33135

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: VIDAL, VICTOR V  
Address: 701 S.W. 27 AVE. #606  
City-St-Zip: MIAMI, FL 33135

Title: VP ( ) Change (X) Addition  
Name: VIDAL, NICOLAS A  
Address: 701 SW 27 AVE #606  
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR L VIDAL

P

09/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date