


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M58541</b>	
1. Entity Name ACCOUNTING PRACTICE CORPORATION	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 19 AM 11:39

Principal Place of Business C/O ENRIQUE LAZARO 7575 W FLAGLER ST, STE 200 MIAMI, FL 33144	Mailing Address C/O ENRIQUE LAZARO 7575 W FLAGLER ST, STE 200 MIAMI, FL 33144
--	--



2. Principal Place of Business - No P.O. Box # 61 GRAND CANAL DR.	3. Mailing Address PO Box 65-1337
Suite, Apt. #, etc. 201	Suite, Apt. #, etc.

02142007 Chg-P CR2E034 (12/06)

City & State MIAMI FL	City & State MIAMI FL
Zip 33144	Zip 33265
Country	Country

4. FEI Number 59-2841511	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

8. Name and Address of Current Registered Agent  LAZARO, ENRIQUE 7575 W FLAGLER ST S200 MIAMI, FL 33144
--

7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 61 GRAND CANAL DR. #201  City MIAMI FL Zip Code 33144
--

9. 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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	900089284199 02/27/07--01004--009 **150.00
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZARO, ENRIQUE 2430 S.W. 114 AVE. MIAMI, FL <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	STD LAZARO, LILIA D. 2430 S.W. 114 AVE. MIAMI, FL <input checked="" 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 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: Enrique Lazaro PRESIDENT 2/14/07 305-266-0187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #