FILED 2004 FOR PROFIT CORPORATION ANNUAL REPORT Mar 08, 2004 08:00 AN **DOCUMENT # M59415** Secretary of State 1. Entity Name KENDALL TAX ACCOUNTING CORP. Mailing Address Principal Place of Business 9133 S.W. 148 CT. 9133 S.W. 148 CT. MIAMI, FL 33196 MIAMI, FL 33196 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0004043 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE FERNANDEZ, JAIME 9133 S.W. 148 CT. MIAMI, FL 33196 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Bookstered Agent signature required when reinstating) **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing

OFFICERS AND DIRECTORS 10. PD TITLE

Added to Fees Trust Fund Contribution.

FERNANDEZ, JAIME NAME 9133 S.W. 148 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD TITLE FERNANDEZ, GLORIA F. NAME 9133 S.W. 148 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000080391 03/08/04-80106-010 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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 comporation or the receiver of 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 attachpentywin an address, with all/other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP

PED NAME OF SIGNING OFFICER OR DIRECTO