2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008712

FILED Apr 01, 2004 Secretary of State

Entity Name: COMMUNITY TAX INFORMATION SERVICES, INC.

New Principal Place of Business: Current Principal Place of Business: 4799 NW 7TH AVE, STE C MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** 4799 NW 7TH AVE, STE C MIAMI, FL 33127 FEI Number: 54-2408707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORPHE, JOHN 4799 NW 7TH AVE, STE B MIAMI, FL 33127 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Change () Addition () Delete ORPHE, DIANE Name: Name: Address: 605 NW 214 ST, UNIT 101 Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: DS () Delete Title: () Change () Addition DECOSTE, MALIA Name: Name: Address: 186 NW 90TH ST Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: () Change () Addition ORPHE, FRANK Name: Name: 186 NW 90TH ST Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE ORPHE DPT 04/01/2004