

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90036 042 \*\*\*\*\*61.25

**DOCUMENT # N99000002630**

1. Entity Name  
**TAX RESOURCE CENTER OF FLORIDA, INC.**



Principal Place of Business  
**20401 NORTHWEST 2ND AVENUE  
SUITE 102  
MIAMI, FL 33169**

Mailing Address  
**20401 NORTHWEST 2ND AVENUE  
SUITE 102  
MIAMI, FL 33169**

**50066259**



09062005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0924785** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
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: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOMPOINT, NOE  
STREET ADDRESS 20401 NORTHWEST 2ND AVENUE  
CITY-ST-ZIP MIAMI, FL 33169

TITLE D  
NAME LUCVENS, FRANCOIS  
STREET ADDRESS 12735 NW 8TH AVE  
CITY-ST-ZIP MIAMI, FL 33168

TITLE D  
NAME PIERRE-LOUIS, ALEX  
STREET ADDRESS 20401 NW 2ND AVE STE 103  
CITY-ST-ZIP MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**19/6/05 305 652 4300**

ATTACHMENT  
SD 066259

September 6, 2005

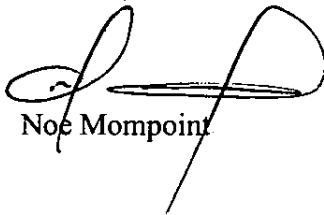
Tax Resource Center of Florida, Inc.  
20401 NW 2<sup>nd</sup> Avenue, Suite 103  
Miami, Florida 33169

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

This letter is notifying the Department that in accordance with s.607.193(2)(o), F.S., my company did not receive prior notice to complete an Annual Report for Document #: N99000002630. If you have any questions, please contact me at 954-394-7960. Thank you for my cooperation.

Best Regards,



Noe Mompoin