

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90088 034 ***150.00

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1. Entity Name

COMPLETE MGMT. & TAX CONSULTANTS, INC.



Principal Place of Business

C/O JAY WECHSELBLATT
8271 SUNLAKE DRIVE
BOCA RATON, FL 33496

Mailing Address

C/O JAY WECHSELBLATT
8271 SUNLAKE DRIVE
BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1001822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WECHSELBLATT, JAY
8271 SUNLAKE DRIVE
BOCA RATON, FL 33496

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS
NAME WECHSELBLATT, ROSELYN
STREET ADDRESS 8271 SUNLAKE DR.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE PT
NAME WECHSELBLATT, JAY
STREET ADDRESS 8271 SUN LAKE DR.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: *Jay Wechselblatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #