

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042257

FILED
Apr 30, 2009
Secretary of State

Entity Name: ROSARIO ACCOUNTING & IMMIGRATION SERVICES, INC.

Current Principal Place of Business:

16953 NE 22ND AVENUE
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 600894
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 65-1002759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSARIO, BERTHA R
P. O. BOX 600894
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ROSARIO, BERTHA R
Address: P. O. BOX 600894
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: VPD () Delete
Name: ROBLES, ANA J
Address: P. O. BOX 600894
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: SD () Delete
Name: ROBLES, EGLYS S
Address: P. O. BOX 600894
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSARIO, BERTHA R
Address: P. O. BOX 600894
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FERNANDEZ, RAMON
Address: P. O. BOX 600894
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: TES () Change (X) Addition
Name: RINCON, ROBERTO
Address: 16953 NE 22 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA R ROSARIO

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date