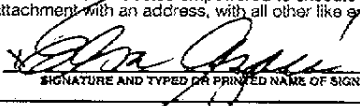


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000097640 1. Entity Name INCOME TAX USA OF MIAMI, INC.		
Principal Place of Business 7365 S.W. 24 ST. MIAMI, FL 33155		Mailing Address 7365 S.W. 24 ST. MIAMI, FL 33155
DO NOT WRITE IN THIS SPACE		 01222004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1052429 Applied For Not Applicable
6. Name and Address of Current Registered Agent AZAN, ELSA A 10842 S.W. 142ND COURT MIAMI, FL 33186		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AZAN, ELSA A 10842 S.W. 142ND COURT MIAMI, FL 33186	DO NOT WRITE IN THIS SPACE U00000132653 04/27/04-80057-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  ELSA AZAN 4/20/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		