


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000117765	
1. Entity Name SIS ACCOUNTING SERVICE, INC.	

Principal Place of Business 855 WEST 79TH STREET HIALEAH, FL 33014	Mailing Address 855 WEST 79TH STREET HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent SOLORZANO, CAROLINA 855 WEST 79TH STREET HIALEAH, FL 33014	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, <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000090710 03/17/04-80030-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOLORZANO, CAROLINA 855 WEST 79TH STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CUAREZMA, MARIA 937 WEST 80 PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SOLORZANO, FRANCISCO 855 W 79 ST HIALEAH, FL 33014
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)(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 or without other like empowered.

SIGNATURE: *Carolina Solorzano* *Carolina Solorzano* 3-13-04 (305) 828-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #