

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 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**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1065916** Applied For
Not Applicable

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

6. 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 _____

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000474737
04/04/06-80035-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOLORZANO, CAROLINA
STREET ADDRESS 855 WEST 79TH STREET
CITY- ST- ZIP HIALEAH, FL 33014

TITLE VPD
NAME CUAREZMA, MARIA
STREET ADDRESS 937 WEST 80 PLACE
CITY- ST- ZIP HIALEAH, FL 33014

TITLE V
NAME SOLORZANO, FRANCISCO
STREET ADDRESS 855 W 79 ST
CITY- ST- ZIP 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 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: *Francisco Cuarezma* (Vice President)

(305) 828-0600

03-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #