

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047808

FILED
Mar 05, 2009
Secretary of State

Entity Name: ARIAS & DE LA CRUZ ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

7105 S.W. 8 STREET
SUITE 306
MIAMI, FL 33144 US

New Principal Place of Business:

7105 SW 8TH STREET
SUITE 306
MIAMI, FL 33144 US

Current Mailing Address:

7105 S.W. 8 STREET
SUITE 306
MIAMI, FL 33144 US

New Mailing Address:

7105 SW 8TH STREET
SUITE 306
MIAMI, FL 33144 US

FEI Number: 65-1102429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABIOLA, ARIAS
12871 NW 8 STREET
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

ARIAS, FABIOLA
12871 NW 8 STREET
MIAMI, FL 33182 US

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: FABIOLA ARIAS

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FABIOLA, ARIAS
Address: 12871 NW 8 STREET
City-St-Zip: MIAMI, FL 33182 US

Title: V () Delete
Name: DE LA CRUZ, ALEJANDRO
Address: 12322 NW 97 PLACE
City-St-Zip: HIALEAH GARDENS, FL 33018 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE LA CRUZ, ALEJANDRO
Address: 12322 NW 97 PLACE
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: VP (X) Change () Addition
Name: ARIAS, FABIOLA
Address: 12871 NW 8 STREET
City-St-Zip: MIAMI, FL 33182 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: ALEJANDRO DE LA CRUZ

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date