

2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90038 043 ***150.00

DOCUMENT # P01000079753
1. Entity Name Hi-Tech Accounting Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip 33126-1929 Country USA	3. Mailing Address 7270 N.W. 12th St. Suite, Apt. #, etc. Suite 761 City & State Miami, FL Zip 33126-1929 Country USA
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54023958**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1129202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE**7. Name and Address of Current Registered Agent**

Name del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St.
Suite Suite 761
City Miami
State FL
Zip Code 33126-1929

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**January 1 - May 1 Fee is \$150.00****After May 1, Fee is \$550.00****Amended UBR is \$81.25****Make Check Payable to Florida Department of State**

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	D/P/S/T del Valle, Manuel R. 14435 S.W. 84th Ct. Palmetto Bay, FL 33158	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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:*Manuel R. del Valle*

Manuel R. del Valle 3/26/04 305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #