

2009

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN -3 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA900156723499  
06/03/09--01018--012 \*\*150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000079753			
1. Entity Name Hi-Tech Accounting Group, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222		3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222	
Country USA		Country USA	
4. FEI Number 65-1129202		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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7. Name and Address of Current Registered Agent			
Name del Valle, Manuel R.			
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.			
Suite 101			
City Miami			
FL Zip Code 33126-1222			
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 \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: <u>Manuel R. del Valle</u> 4/9/09 305-477-6116 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034B (12/02)