2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000106470 1. Entity Name IPS RAPID TAX CORP.		_
Principal Place of Business Mailing Address 2700 N 29TH AVE, SUITE 203 2700 N 29TH AVE, SUITE 204 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020	•	
DO NOT WRITE IN THIS SPA	4.1 (1100000	Applied For Not Applicable
REID, MICHELLE 430 SE 7TH STREET DANIA, FL 33004	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 title if applicable. (NOTE Registered Agent signature required when relinitating) DATE		
FILE NOWIL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fi		50.00
TITLE VP REID, MICHELLE STREET ADDRESS CITY-ST 2IP TITLE NAME SIREET ADDRESS GITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the	exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	e information
12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date		