

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000107642

1. Entity Name
CPA TUTORS & CONSULTANTS, INC.



Principal Place of Business
**12537 SW 28TH CT
MIRAMAR, FL 33027**

Mailing Address
**12537 SW 28TH CT
MIRAMAR, FL 33027**

DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1155979** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, DAVID J
21 SE 1ST AVENUE 10TH FLOOR
MIAMI, FL 33131**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BARRETT, DUANE**
STREET ADDRESS **21 SE 1 AVENUE 10TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D**
NAME **BARRETT, PAULA**
STREET ADDRESS **21 SE 1 AVENUE 10TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE
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08/16/04-80004-013 550.00

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Barrett* *Duane Barrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 July 2004 954-868-7566
Date Daytime Phone #