


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000107723</b> 1. Entity Name RSV TAX & ACCOUNTING SERVICES, INC.	
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Principal Place of Business 385 W 49TH ST HIALEAH, FL 33012	Mailing Address 385 W 49TH ST HIALEAH, FL 33012
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**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1148596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

REY, JUAN  
2541 W 1 AVE #201  
HIALEAH, FL 33010

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	PD REY, JUAN 2541 W 1ST AVE #201 HIALEAH, FL 33110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUENCA, IDALMIS 8828 NW 110TH ST HIALEAH, FL 33012
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U00000718940  
05/01/07-80042-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 ICS empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07 305-825-1770

Date Daytime Phone #