2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90178 043 ***158.75

DOCUMENT # P02000005506

1. Entity Name
SOUTHWEST ACCOUNTING CENTER, INC.

Principal Place of Business	Mailing Address
10381 SW 186 ST 2ND FLOOR MIAMI, FL 33157	PO BOX 971577 MIAMI, FL 33197

04232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20816 S DIXIE HWY	20816 S DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33189 Country: US	Zip: 33189 Country: US

4. FEI Number: 03-0378602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LLORET, REGINA 10381 SW 186 ST MIAMI, FL 33157	Name: LLORET, REGINA Street Address (P.O. Box Number is Not Acceptable): 20816 S DIXIE HWY City: MIAMI FL Zip Code: 33189

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: G Lloret 4/23/07
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLORET, REGINA 10381 SW 186 ST 2ND FLOOR MIAMI, FL 33157	☐ Delete	D LLORET, REGINA 20816 S DIXIE HWY MIAMI, FL 33189	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: G Lloret 4/23/07 305-255-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #