

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 10381 SW 186 ST 2ND FLOOR MIAMI, FL 33157	Mailing Address PO BOX 971577 MIAMI, FL 33197
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2. Principal Place of Business - No P.O. Box # 20816 S DIXIE HWY	3. Mailing Address 20816 S DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33189	Zip 33189
Country US	Country US



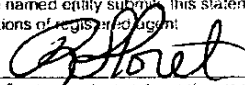
04232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LLORET, REGINA 10381 SW 186 ST MIAMI, FL 33157	
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4. FEI Number 03-0378602	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name LLORET, REGINA	
Street Address (P.O. Box Number is Not Acceptable) 20816 S DIXIE HWY	
City MIAMI	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: 	DATE: 4/23/07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Delete	TITLE D	☒ Change ☐ Addition
NAME LLORET, REGINA		NAME LLORET, REGINA	
STREET ADDRESS 10381 SW 186 ST 2ND FLOOR		STREET ADDRESS 20816 S DIXIE HWY	
CITY-ST-ZIP MIAMI, FL 33157		CITY-ST-ZIP MIAMI, FL 33159	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE: 4/23/07 305-255-2511