## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 05, 2008 8:00 am Secretary of State **DOCUMENT # P02000005506** 05-05-2008 90264 024 \*\*\*150.00 SOUTHWEST ACCOUNTING CENTER, INC. Principal Place of Business Mailing Address 40000000 20816 S DIXIE HWY 20816 S DIXIE HWY MIAMI, FL 33189 MIAMI, FL 33189 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0378602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LLORET, REGINA 20816 S DIXIE HWY MIAMI, FL 33189 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LLORET, REGINA **20816 S DIXIE HWY** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33189 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attactpment with an address, with all often files of the chapter 607.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTOR

Daytime Phone #

**FILED**