

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90029 041 ***158.75

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1. Entity Name
AMERITAX RD, INC.



Principal Place of Business
**18824 NW 80TH AVENUE
MIAMI, FL 33015**

Mailing Address
**P.O. BOX 681978
NORTH MIAMI, FL 33168**

50056660



07162005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0075115

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DESORME, RAOUL
18824 NW 80TH AVENUE
MIAMI, FL 33015**

**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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/15/05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	DESORME, RAOUL
STREET ADDRESS	18824 NW 80TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VP
NAME	ACHILLE, JEAN O
STREET ADDRESS	860 NW 168TH TERR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169
TITLE	VP
NAME	JOSEPH, CASTELLIN
STREET ADDRESS	530 NE 140TH STREET
CITY-ST-ZIP	N. MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN O Achille 7/15/05

Date

Daytime Phone #

305 940 40 79