## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000066099

Address:

City-St-Zip:

870 N.E. 142ND STREET

MIAMI, FL 33162

FILED Mar 25, 2004 Secretary of State

Entity Nar	ne: F&P ACC	COUNTING AND TAXES	S, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
1549 N.E. 164TH STREET MIAMI, FL 33162				15018 NE 6 AVE SUITE A N MIAMI, FL 33161			
Current Mailing Address:				New Mailing Address:			
1549 N.E. 164TH STREET MIAMI, FL 33162				15018 NE 6 AVE SUITE A N MIAMI, FL 33161			
FEI Number:	11-3643275	FEI Number Applied For	( ) FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MIAMI, FL	164TH STREE 33162		or the number of	f changing i	to rogistors	ad affice or registered agent, or both	
	of Florida.	submits this statement to	or the purpose o	or changing i	is registere	ed office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financin	g Trust Fund Contribution (	).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( FRESIN, WILN 1021 S PARK 2 HOLLYWOOD,	2ND #202		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( FRESAIN, FRE 1021 S. PARK HOLLYWOOD,	RD. #202		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:		) Delete JR, COUTCHARD		Title: Name:	T POINT DU	(X) Change()Addition JOUR, COUTCHARD	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

560 NE 157 TER

N MIAMI, FL 33161

SIGNATURE: COUTCHARD POINT DU JOUR Τ 03/25/2004