
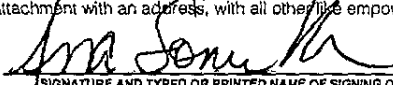


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000101355			
1. Entity Name CAPITAL ACCOUNTING SOLUTIONS, INC.			
Principal Place of Business 6240 SW 33 STREET MIAMI, FL 33155 US		Mailing Address 6240 SW 33 STREET MIAMI, FL 33155 US	
DO NOT WRITE IN THIS SPACE			
		05102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 54-2074748	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
SOMEILLAN, ANA A 6240 SW 33 STREET MIAMI, FL 33155		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P		
NAME	SOMEILLAN, ANA A		
STREET ADDRESS	6240 SW 33 STREET		
CITY-ST-ZIP	MIAMI, FL 33155		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		5/10/05 (305) 799-7035	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	