

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90455 008 \*\*\*158.75

**DOCUMENT # P02000103221**

**1. Entity Name**  
**INCOME TAX FAST REFUND CORP.**



**Principal Place of Business**  
**11321 W. FLAGLER ST.**  
**MIAMI, FL 33174**

**Mailing Address**  
**11321 W. FLAGLER ST.**  
**MIAMI, FL 33174**

**2. Principal Place of Business** **3. Mailing Address**



04152004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**54-2075129**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ARCAS, JUANA L**  
**5102 SW 137TH CT.**  
**MIAMI, FL 33174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** ARCAS, JUANA L  
**STREET ADDRESS** 5102 SW 137TH CT.  
**CITY-ST-ZIP** MIAMI, FL 33175

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** SD ☐ Delete  
**NAME** ARCAS, INDIANA Z  
**STREET ADDRESS** 14472 SW 50TH TERR.  
**CITY-ST-ZIP** MIAMI, FL 33174

**TITLE** ☒ Change ☐ Addition  
**NAME** SD INDIANA Z. ARCAS  
**STREET ADDRESS** 14472 S.W. 50 terrace  
**CITY-ST-ZIP** MIAMI, FL 33175

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(INDIANA Z. ARCAS) 4/20/04

(305) 613 8658