-2004-FOR-PROFIT CORPORATION

ANNUAL NEPUNI (AN)					Apr 12, 2004 8:00 am
DOCUMENT # P02000127635 1. Entity Name					Secretary of State
TAX PREPARERS, INC.					04-12-2004 90324 014 ***150.00
Principal Plac	e of Business	Mailing Address			
,	WORTH ROAD	1801 PRESIDENTIAL WA	\Y		
SUITE 112		SUITE D-204			
LAKE WORTH FL 33461 WEST PALM BEACH FL			33401		i jadoszi ni beks nan paik dam szibi nere nan cada ányá hyai čindbi li 1861
2 Principal P	Phase of Rusinoss	3. Mailing Address			
2. Principal Place of Business 6149 LAKE WORTH RD					I OBIIOOL XII BUIID XXXII BUXX BUXX BUXX BUXX IIOIN IIOIN BUIID BIID BIIID BIIID BIIID BIIID BIIID BIIID BIIID
Suite, Apt.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & Stat	RE WORTH, FL.	City & State			4. FEI Number Applied For Not Applicable
^{Zip} 33 +	63 Country X.S.A	Zip	Country		5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
Name M. CESARED					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) Way					
ATH FLOOR MIAMI FL 33145 West PALM Beach					
WIL	WILL 00140		City	<i>v</i> / <u>e</u>	FL Zin 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 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
(1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000) (1000)		2 dimensional			
10.	OFFICERS AND		11.	PS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	CESAREO, MARY F	Delete	TITLE NAME	12	TO Schange Addition
STREET ADDRESS	3923 LAKE WORTH ROAD SUITE	112	STREET ADDRESS	18	of Presidential Way 0-204
CITY-ST-ZIP	LAKE WORTH FL 33461		CITY-ST-ZIP	W	SARFO, MARY F. oi presidential Way 0-204 est PALM Beach, FL 33401
TITLE .		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		Change Addition
TITLE NAME		Delete	TITLE -		☐ Change ☐ Addition
STREET ADDRESS			* STREET ADDRESS	•	المال المحتمد المستداد المستدا
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		·
CiTY-ST-ZIP			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 empoweded. SIGNATURE: \$\frac{4}{7}\frac{04}{54} \frac{56}{433-9860}\$					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					
I					Edyntes from a