

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001971

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: ADVANCED ACCOUNTING & TAX CORP.

## Current Principal Place of Business:

1336 AVE 19 N.  
HOLIDAY, FL 34691

## New Principal Place of Business:

## Current Mailing Address:

3338 CHAUNCEY RD  
HOLIDAY, FL 346913347

## New Mailing Address:

FEI Number: 03-0503548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO, HECTOR  
3338 CHAUNCEY RD  
HOLIDAY, FL 346913347 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DELGADO, HECTOR  
Address: 3338 CHAUNCEY RD  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: DELGADO, HECTOR JR  
Address: 15929 SAUSALITO CIR.  
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete  
Name: DELGADO, ANGEL A  
Address: 6033 9TH AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete  
Name: DELGADO, HECTOR  
Address: 3338 CHAUNCEY RD  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: HECTOR DELGADO

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date