


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000004844	
1. Entity Name ACCOUNTANT & BUSINESS CONSULTANTS, INC.	

Principal Place of Business 3383 NW 7 ST STE 210 MIAMI-DADE, FL	Mailing Address 3383 NW 7 ST STE 210 MIAMI-DADE, FL
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0761080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent DEL CASTILLO, JUAN F 3383 NW 7 ST STE 210 MIAMI-DADE, FL
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	DEL CASTILLO, JUAN F
STREET ADDRESS	3511 N 16 TERR
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	V <input type="checkbox"/> Delete
NAME	CAMARGO, EMMA G
STREET ADDRESS	6831 SW 129 AVE APT 6
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	S <input type="checkbox"/> Delete
NAME	DEL CASTILLO, MIRTA
STREET ADDRESS	3511 NW 16 TERR
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	T <input type="checkbox"/> Delete
NAME	DURAN, VANESSA
STREET ADDRESS	6831 SW 129 AVE APT 6
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000345275
STREET ADDRESS	04/30/05-80024-021 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JUAN F DEL CASTILLO- PRESIDENT 04/20/2005 (305) 541 4086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #