

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000005590

FILED
Mar 30, 2009
Secretary of State**Entity Name:** YOUR TAX LADY, INC.**Current Principal Place of Business:**1499NW 31 ST
MIAMI, FL 33142**New Principal Place of Business:**1499 N.W. 31ST STREET
MIAMI, FL 33142**Current Mailing Address:**1499NW 31 ST
MIAMI, FL 33142**New Mailing Address:**1499 N.W. 31ST STREET
MIAMI, FL 33142**FEI Number:** 14-1906640**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DO CAMPO, ADA Y
1496 NW 34 ST
MIAMI, FL 33142 US**Name and Address of New Registered Agent:**SOMONTE, YOLANDA Z
443 NE 195TH STREET, #241
NORTH MIAMI BEACH, FL 33179 US

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: YOLANDA Z. SOMONTE

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: YOLANDA Z, SOMONTE S
Address: 443 NE 195 ST
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SOMONTE, YOLANDA Z
Address: 1496 NW 34 ST
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: DOCAMPO, MARIA P
Address: 425 W 46 ST # 214
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/V (X) Change () Addition
Name: SOMONTE, YOLANDA Z
Address: 443 NE 195TH STREET, #241
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D (X) Change () Addition
Name: SOMONTE, YOLANDA Z
Address: 443 N.E. 195TH STREET, #241
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S (X) Change () Addition
Name: DOCAMPO, MARIA P
Address: 1485 W 46TH STREET, # 214
City-St-Zip: HIALEAH, FL 33012

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: YOLANDA Z. SOMONTE

P/D

03/30/2009

Electronic Signature of Signing Officer or Director

Date