


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000006426 1. Entity Name SUPER TAX PLUS AND NOTARY SERVICES CORP. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 2050 NW 56TH STREET SUITE 14 HIALEAH, FL 33016 | Mailing Address 2050 NW 56TH STREET SUITE 14 HIALEAH, FL 33016 |
|--|--|

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 16-1649483 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FELIX, MIGUEL A
7085 W 4 AVE
HIALEAH, FL 33014**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/05

**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 | V |
| NAME | FELIX, MIGUEL A |
| STREET ADDRESS | 2050 NW 56TH STREET, SUITE 14 |
| CITY - ST - ZIP | HIALEAH, FL 33016 |
| TITLE | P |
| NAME | MARTINEZ, JESUS M |
| STREET ADDRESS | 16121 NW 79 CT. |
| CITY - ST - ZIP | MIAMI, FL 33016 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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03/17/05-80005-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V Miguel Felix

3/14/05

305-828-5482