

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069117

FILED  
Jan 22, 2011  
Secretary of State

**Entity Name:** MARIA'S INCOME TAX & ACCOUNTING SERVICES INC.

**Current Principal Place of Business:**

4693 NW 199 STREET  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4693 NW 199 STREET  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

**FEI Number:** 16-1673088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CERNADAS, DULCE M  
4693 NW 199 STREET  
MIAMI GARDENS, FL 33055 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CERNADAS, DULCE M  
Address: 4693 NW 199 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP  
Name: CERNADAS, DOMINGO  
Address: 4693 NW 199 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: S  
Name: CERNADAS, CRISTINA  
Address: 4693 NW 199 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: T  
Name: MIRELES, JOSEPH  
Address: 4693 NW 199 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby 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 all other like empowered.

SIGNATURE: DULCE M CERNADAS

P

01/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date