


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90308 001 \*\*\*150.00

**DOCUMENT # P03000082349**

1. Entity Name  
**TAX PROFESSIONAL'S & ACCOUNTING SERVICES, CORP.**



Principal Place of Business: 1941 WEST 68TH ST. HIALEAH, FL 33014

Mailing Address: 1941 WEST 68TH ST. HIALEAH, FL 33014

2. Principal Place of Business: 1800 W. 49 STREET, Suite, Apt. #, etc. 321, City & State HIALEAH, FL, Zip 33012

3. Mailing Address: 1800 W. 49 STREET, Suite, Apt. #, etc. 321, City & State HIALEAH, FL, Zip 33012



04262004 Chg-P CR2E034 (10/03)

4. FEI Number: 35-2216153 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

SIERRA, MAYRA  
 55 WEST 57TH ST.  
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name: MAYRA SIERRA  
 Street Address (P.O. Box Number is Not Acceptable): 210 W. 68 STREET  
 SUITE 321  
 City: HIALEAH FL Zip Code: 33014

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: *Mayra Sierra* DATE: 4/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SIERRA, MAYRA	<input type="checkbox"/> Delete
STREET ADDRESS	55 W 57TH ST	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mayra Sierra* DATE: 4/26/04 DAYTIME PHONE #: 305-824-0144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR