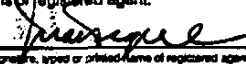
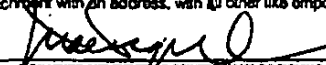


4/25/2005-90235-050-\$158.25-\$158.25

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 23 PM 4:42

DOCUMENT # P03000083405			
1. Entity Name INCOME TAX 48 HRS., INC.			
Principal Place of Business 1511 EAST 4TH AVENUE HIALEAH, FL 33010		Mailing Address 1511 EAST 4TH AVENUE HIALEAH, FL 33010	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FIGUEROA, JUAN 1511 EAST 4TH AVENUE HIALEAH, FL 33010		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 		JUAN FIGUEROA - President 10/19/2004 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME PTD FIGUEROA, JUAN ☐ Delete STREET ADDRESS 1511 EAST 4TH AVENUE CITY-ST-ZIP HIALEAH, FL 33010	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME 700042160927 ☐ Change ☐ Addition STREET ADDRESS 10/25/04--01070--019 ☐ Change ☐ Addition CITY-ST-ZIP ***158.75	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME SVD FIGUEROA, LIDIA ☐ Delete STREET ADDRESS 15235 SW 99TH COURT CITY-ST-ZIP MIAMI, FL 33157	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME 100055668141 ☐ Change ☐ Addition STREET ADDRESS 06/02/05--01060--003 ☐ Change ☐ Addition CITY-ST-ZIP ***0.50	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ 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 FIGUEROA 10/19/2004 305-885-7788 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR	

20043651



10182004 REIN-P CR2E098 (6/04)

4. FEI Number **04-3815130** ☒ Applied For ☐ Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required