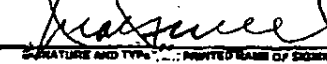


FILED
FILED 2008 08:00 AM
Apr 23, 2007 8:00 AM
Secretary of State

04-23-2007 90260 002 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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
4. FEI Number			10182004 REIN-P CR2E088 (6/04)		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FIGUEROA, JUAN 1511 EAST 4TH AVENUE HIALEAH, FL 33010			7. Name and Address of New Registered Agent 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 the obligations of, registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when retreating) DATE _____					
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. corporation did not receive the prior notice		
10. OFFICERS AND DIRECTORS					
TITLE	PTD	FIGUEROA, JUAN		☐ Delete	
NAME		1511 EAST 4TH AVENUE			
STREET ADDRESS		HIALEAH, FL 33010			
CITY-ST-ZIP					
TITLE	SVD	FIGUEROA, LIDIA		☐ Delete	
NAME		15235 SW 89TH COURT			
STREET ADDRESS		MIAMI, FL 33157			
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
TITLE				☐ Change ☐	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				☐ Change ☐	
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 incorporator or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an electronic filing address, with all other like empowered.					
SIGNATURE:  JUAN FIGUEROA 04/19/2007 2052488738					