## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P03000088591 04-28-2008 90379 016 \*\*\*150.00 1. Entity Name CARDOSO ACCOUNTING SERVICES, CORP. Principal Place of Business Mailing Address 40080811 782 WEST 36TH STREET 782 WEST 36TH STREET HIALEAH, FL 33012 HIALEAH, FL 33012 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03172008 Chg-P Applied For City & State City & State 4. FEI Number 76-0738739 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARDOSO, ORESTES L Street Address (P.O. Box Number is Not Acceptable) 782 WEST 36TH STREET HIALEAH, FL 33012 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PRES** Addition ☐ Change TITLE ☐ Defete TITLE CARDOSO, ORESTES L NAME NAME 782 WEST 36TH STREET STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE CARDOSO, ORESTES L MAME NAME 782 WEST 36TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH, FL 33012 Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete THILE MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME

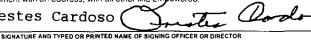
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

Orestes Cardoso



4/23/08

**FILED**