

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114947

Entity Name: DEE'S TAX SERVICE, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

4360 N.W. 193 STREET
MIAMI, FL 33055

New Principal Place of Business:

4360 N.W. 193 STREET
MIAMI GARDENS, FL 33055

Current Mailing Address:

4360 N.W. 193 STREET
MIAMI, FL 33055

New Mailing Address:

4360 N.W. 193 STREET
MIAMI GARDENS, FL 33055

FEI Number: 20-0344493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROTHERS, ROBERT L
4360 NW 193 ST
MIAMI, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROTHERS, ROBERT L
Address: 4360 NW 193 ST
City-St-Zip: MIAMI, FL 33055

Title: PST () Delete
Name: BROTHERS, ROBERT L
Address: 4360 N.W. 193 STREET
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT L BROTHERS

D

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date