

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000141791

1. Entity Name
JMH TAX & ACCOUNTING SERVICES, INC.



Principal Place of Business
2280 SW 143 PL
MIAMI, FL 33175

Mailing Address
2280 SW 143 PL
MIAMI, FL 33175



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0853779

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEW FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE, FL 33311

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

1100000238251
02/21/05-80091-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CABRERA, J. LUIS
2280 SW 143 PL
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CABRERA, MICHELLE
2280 S.W. 143 PL.
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HORTENSIA, CABRERA
2280 S.W. 143 PL.
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/05 (305) 207-8481

Date

Daytime Phone #