

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013941

FILED
Feb 08, 2005
Secretary of State

Entity Name: APC ACCOUNTING SERVICES, INC

Current Principal Place of Business:

13415 SW 56 STREET
MIAMI, FL 33175

New Principal Place of Business:

15128 SW 72 ST
MIAMI, FL 33193

Current Mailing Address:

13415 SW 56 STREET
MIAMI, FL 33175

New Mailing Address:

15128 SW 72 ST
MIAMI, FL 33193

FEI Number: 80-0103721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALGADO, CLAUDIA
15931 SW 143 COURT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

ESTRADA, ADA
15128 SW 72 ST
MIAMI, FL 33193 US

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: ADA ESTRADA

02/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALGADO, CLAUDIA
Address: 15931 SW 143 CT
City-St-Zip: MIAMI, FL 33177

Title: V () Delete
Name: ESTRADA, ADA F
Address: 6831 SW 158 CT
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESTRADA, ADA F
Address: 15128 SW 72 ST
City-St-Zip: MIAMI, FL 331193

Title: V (X) Change () Addition
Name: ESTRADA, ADA F
Address: 15128 SW 72 ST
City-St-Zip: MIAMI, FL 33193

Title: S () Change (X) Addition
Name: ESTRADA, RODRIGO
Address: 15128 SW 72 ST
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADA ESTRADA

P

02/08/2005

Electronic Signature of Signing Officer or Director

Date