

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041638

FILED  
May 20, 2008  
Secretary of State

Entity Name: NINOTE INCOME TAX SERVICES, INC.

## Current Principal Place of Business:

2141 N UNIVERSITY DRIVE STE 132  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

## Current Mailing Address:

2141 N UNIVERSITY DRIVE STE 132  
CORAL SPRINGS, FL 33071

## New Mailing Address:

FEI Number: 20-0803645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEURIGENE, ECKSON  
2141 N UNIVERSITY DRIVE STE 132  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

MAZINCIA, DUCTANT  
2141 N UNIVERSITY DRIVE STE 132  
CORAL SPRINGS, FL 33071 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: MAZINCIA DUCTANT

05/20/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DUCTANT, DUPERA  
Address: 2141 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: DUCTANT, MAZINCIA  
Address: 2141 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete  
Name: FLEURIGENE, ECKSON  
Address: 2141 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DUCTANT, MAZINCIA  
Address: 2141 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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: MAZINCIA DUCTANT

P

05/20/2008

Electronic Signature of Signing Officer or Director

Date