2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 29 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000046095

1. Entity Name
LE TAX CENTER, INC.

Principal Place of Business
13796 N.E. 11TH AVENUE
NORTH MIAMI, FL 33161

Mailing Address
13796 N.E. 11TH AVENUE
NORTH MIAMI, FL 33161

09292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
2001 N. Dixie Hwy
Suite, Apt. # etc
D
City & State
POMPANO Bch FL
Zip
33060
Country
US

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip
Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTIME, WILFORD
13796 N.E. 11TH AVENUE
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name ESTIME WILFORD
Street Address (P.O. Box Number is Not Acceptable) 2001 N. Dixie Hwy #D
City POMPANO Bch FL Zip Code 33060

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 Wilford Estime

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ESTIME, WILFORD	
STREET ADDRESS	13796 N.E. 11TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	D	☑ Delete
NAME	MENARD, TILAINE	
STREET ADDRESS	13796 N.E. 11TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	☐ Change ☑ Addition
NAME	VLADIMYR JEAN-BAPTISTE	
STREET ADDRESS	4733 NW. 60th LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	500112029135	☐ Change ☐ Addition
NAME	11/06/07--01013--002 **70.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Wilford Estime 9/26/07 786-873-8912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/31/07