

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000046095

1. Entity Name
LE TAX CENTER, INC.



Principal Place of Business
812 NE 125TH STREET
NORTH MIAMI, FL 33161

Mailing Address
812 NE 125TH STREET
NORTH MIAMI, FL 33161

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05102008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

ESTIME, WILFORD
812 NE 125TH ST
NORTH MIAMI, FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

PRESIDENT 5/09/08

(Signature, title or printed name of registered agent and title, applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME ESTIME, WILFORD
STREET ADDRESS 812 NE 125TH ST
CITY-ST-ZIP NORTH MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS 600130931376
CITY-ST-ZIP 06/05/08--01053--008 **70.00 ☐ Change ☐ Addition

TITLE D
NAME JEAN-BAPTISTE, VLADIMYR
STREET ADDRESS 4733 NW 60TH LANE
CITY-ST-ZIP CORAL SPRINGS, FL 33067 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP \$15/16 ☐ Change ☐ Addition

TITLE D
NAME WINSOR, MONTAS
STREET ADDRESS 7966 SW 7TH COURT
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

5/09/08

305-889-9108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
08 MAY 13 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

