

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063485

FILED
Mar 08, 2005
Secretary of State

Entity Name: FERNANDEZ ACCOUNTING & TAX SERVICES, INC.

Current Principal Place of Business:

185 NW 13 AVE
525
MIAMI, FL 33125

New Principal Place of Business:

1770 W FLAGLER STREET
SUITE 6
MIAMI, FL 33135

Current Mailing Address:

185 NW 13 AVE
525
MIAMI, FL 33125

New Mailing Address:

1770 W FLAGLER STREET
SUITE 6
MIAMI, FL 33135

FEI Number: 20-1018670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ARISTIDES
185 NW 13 AVE
#525
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, ARISTIDES
Address: 185 NW 13 AVE # 525
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: PEREZ, HILDA
Address: 185 NW 13 AVE # 525
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ARISTIDES FERNANDEZ

P

03/08/2005

Electronic Signature of Signing Officer or Director

Date