

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90251 047 ***150.00

DOCUMENT # P04000080857 1. Entity Name JFL ACCOUNTING & TAX SERVICES, INC.					
Principal Place of Business 4600 SW 135TH AVE MIAMI, FL 33175			Mailing Address 4600 SW 135TH AVE MIAMI, FL 33175		
2. Principal Place of Business 10846 SW 246th St		3. Mailing Address 10846 SW 246th St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04202005 Chg-P CR2E034 (10/03)	
City & State Homestead, Fl.		City & State Homestead, Fl. 33032		4. FEI Number 20-1154388	
Zip 33032		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORRALES, SALVADOR 4600 SW 135TH AVE MIAMI, FL 33175			7. Name and Address of New Registered Agent Name Salvador Corrales Street Address (P.O. Box Number is Not Acceptable) 10846 SW 246th St City Homestead FL Zip Code 33032		
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 _____ DATE 04/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRALES, SALVADOR 4600 SW 135TH AVE MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRALES, SALVADOR 10846 SW 246TH ST Homestead, Fl. 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRALES, ANA M 4600 SW 135TH AVE MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRALES, ANA M 10846 SW 246TH ST Homestead, Fl. 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date Daytime Phone #</small>		