


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000139867 1. Entity Name ZAY INCOME TAX SERVICES CORP.	
---	---

Principal Place of Business 3600 SOUTH STATE RD 7 SUITE 4 MIRAMAR, FL 33023	Mailing Address 5040 SW 24TH STREET HOLLYWOOD, FL 33023
--	---

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1481538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAWSON, JOYCE
 5040 SW 24TH STREET
 HOLLYWOOD, FL 33023

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000928611
 05/21/08-80035-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWSON, JOYCE 5040 SW 24TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWSON, DWIGHT 5040 SW 24TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWSON, ISAIAH 5040 SW 24TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Joyce Dawson - Owner* **4/25/08** **954-963-8262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #