2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004261

Entity Name: APS ACCOUNTING AND PROFESSIONAL SERVICES, INC

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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515 SW 12TH AVE SUITE 503 5761 NW 112 AVE MIAMI, FL 33130 SUITE 110

DORAL, FL 33178

Current Mailing Address: New Mailing Address:

515 SW 12TH AVE SUITE 503 5761 NW 112 AVE MIAMI, FL 33130 SUITE 110 DORAL, FL 33178

FEI Number: 20-2119873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SALGADO, CLAUDIA
 PRADA, CARMENZA

 515 SW 12TH AVE #503
 5761 NW 112 AVE

 MIAMI, FL 33130
 US

 SUITE 110
 DORAL, FL 33178 US

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: CARMENZA PRADA 03/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SALGADO, CLAUDIA PRADA, CARMENZA Name: Name: 515 SW 12TH AVE 5761 NW 112 AVE Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: DORAL, FL 33178

Title: VP (X) Delete Title: () Change () Addition

 Name:
 PRADA, CARMENZA
 Name:

 Address:
 515 SW 12TH AVE #503
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CARMENZA PRADA PD 03/02/2007