

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025185

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: PROFESSIONAL TAX STRATEGIES CORP

**Current Principal Place of Business:**

5882 W. 20TH AVE.  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

5882 W. 20TH AVE.  
HIALEAH, FL 33016 US

**New Mailing Address:**

FEI Number: 51-0535337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANICO, MANUEL  
733 E. 35TH STREET  
HIALEAH, FL 33013 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: ANICO, ALEXANDER  
Address: 733 E. 35 STREET  
City-St-Zip: HIALEAH, FL 33013

Title: V ( ) Delete  
Name: ANICO, LUNA  
Address: 733 E. 35 STREET  
City-St-Zip: HIALEAH, FL 33013

**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 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: ALEXANDER ANICO

P

04/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date