

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118475

FILED
Mar 09, 2009
Secretary of State

Entity Name: MUNOZ ACCOUNTING, INC.

Current Principal Place of Business:

5493 NW 171ST TERRACE
MIAMI GARDENS, FL 33055 US

New Principal Place of Business:

809 SW 8TH STREET SUITE 206
MIAMI, FL 33130 US

Current Mailing Address:

5493 NW 171ST TERRACE
MIAMI GARDENS, FL 33055 US

New Mailing Address:

FEI Number: 20-3351598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNOZ, MARLENE
5493 NW 171ST TERRACE
MIAMI GARDENS, FL 33055 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: MUNOZ, MARLENE
Address: 5493 NW 171ST TERRACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MIGUEL, BARBARA
Address: 5493 NW 171 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33055

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: MARLENE MUNOZ

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03/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date