

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066861

FILED  
May 05, 2009  
Secretary of State

Entity Name: OJD TAX CONSULTANT INC

## Current Principal Place of Business:

4952 NW 7TH AVE  
MIAMI, FL 33127

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 69-5172  
MIAMI, FL 33269

## New Mailing Address:

FEI Number: 42-1705437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORPHE, JOHN D  
4799 NW 7TH AVE STE C  
MIAMI, FL 33127 US

## Name and Address of New Registered Agent:

ORPHE, JOHN D  
4952 NW 7TH AVE  
MIAMI, FL 33127 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: JOHN D ORPHE

05/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ORPHE, DIANE  
Address: 605 NW 214 STREET UNIT 101  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: ORPHE, JOANE  
Address: 605 NW 214 STREET UNIT 101  
City-St-Zip: MIAMI, FL 33169

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P ( ) Change (X) Addition  
Name: ORPHE, JOHN D  
Address: 605 NW 214 STREET UNIT 101  
City-St-Zip: MIAMI, FL 33169

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: JOHN D ORPHE

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date