## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000120209

City-St-Zip:

Entity Name: ACCOUNTANTS ASSOCIATES OF MIAMI. INC

FILED Apr 24, 2009 Secretary of State

Littly Nai	ille. ACCOL	JINTAINTS ASSOCI	ATES OF WILAWII, INC				
Current Principal Place of Business:				New Principal Place of Business:			
801 W 491 HIALEAH,	TH ST #224 FL 33012			1140 W 50 HIALEAH,	TH ST. STE FL 33012	E.400-B	
Current M	lailing Addr	ess:		New Maili	ng Addres	s:	
801 W 497 HIALEAH,	TH ST #224 FL 33012			1140 W 50 HIALEAH,	TH ST. STE FL 33012	E.400-B	
FEI Number	: 20-5599665	FEI Number App	lied For ( ) FEI Nu	mber Not Appl	icable ( )	Certificate of Status Desired	d ( ) t
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FERNANDEZ, RUBEN 801 W 49TH ST #224 HIALEAH, FL 33012 US				FERNANDEZ, RUBEN 1140 W 50TH ST. STE 400-B HIALEAH, FL 33012 US			
The above in the State	named entit e of Florida.	y submits this state	ment for the purpose of	of changing i	ts registere	d office or registered agent,	or both,
SIGNATURE:				04/24/2009			
	Electr	onic Signature of R	egistered Agent			Date	
Election Car	mpaign Financ	ing Trust Fund Contri	bution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DPT FERNANDEZ 1839 W 63R HIALEAH, FL	D STREET		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LOPEZ, ARA	9TH TERRACE		Title: Name: Address: City-St-Zip:	D-VP LOPEZ, AR 8902 NW 18 MIAMI, FL	39TH TERRACE	
Title: Name: Address:		( ) Delete		Title: Name: Address:	SEC. MARCIA, FE 1839 W 63F		

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.

City-St-Zip:

HIALEAH, FL 33012

SIGNATURE: ARAMIS LOPEZ SR DVP 04/24/2009