


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90241 009 ***150.00

DOCUMENT # P06000127994 1. Entity Name ELITE TAX SERVICES INC.																							
Principal Place of Business 11119 SW 147TH COURT MIAMI, FL 33196			Mailing Address 11119 SW 147TH COURT MIAMI, FL 33196																				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																				
Suite, Apt. #, etc.			Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		Zip																			
Country		Country		4. FEI Number 20-5677596																			
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent TUESTA, ELDITH 11119 SW 147TH COURT MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Eldith Tuesta</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/1/07</u>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TUESTA, ELDITH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>11119 SW 147TH COURT MIAMI, FL 33196</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	TUESTA, ELDITH		CITY-ST-ZIP	11119 SW 147TH COURT MIAMI, FL 33196		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																							
SIGNATURE: <u><i>Eldith Tuesta</i></u> DATE <u>4/1/07</u> DAYTIME PHONE # <u>305-335-5115</u>																							