

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156120

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: YOUR IMMIGRATION & TAX SPECIALIST, INC.

## Current Principal Place of Business:

16463 NE 6TH AVE  
N. MIAMI BCH, FL 33162 US

## New Principal Place of Business:

## Current Mailing Address:

21221 NW 14TH PLACE #423  
423  
MIAMI GARDENS, FL 33169 US

## New Mailing Address:

16463 NE 6TH AVE  
N. MIAMI BCH, FL 33162 US

FEI Number: 32-0189409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TELFORT, ALEX  
21221 NW 14TH PLACE UNIT 423  
423  
MIAMI GARDENS, FL, FL 33169 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

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: P ( ) Delete  
Name: TELFORT, ALEX  
Address: 21221 NW 14TH PLACE UNIT 423  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP ( ) Delete  
Name: TELFORT, MOSSELY  
Address: 522 NE 211 TERRACE  
City-St-Zip: MIAMI, FL 33179 US

Title: T ( ) Delete  
Name: TELFORT, NADINE  
Address: 21221 NW 14TH PLACE UNIT 423  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: S ( ) Delete  
Name: TELFORT, ARLETTE  
Address: 929 NE 199TH STREET #102  
City-St-Zip: MIAMI, FL 33179 US

Title: S ( ) Delete  
Name: TELFORT, ALINE  
Address: 522 NE 211TH TERRACE  
City-St-Zip: MIAMI, FL 33179 US

Title: P ( ) Delete  
Name: TELFORT, ALEX  
Address: 21221 NW 14TH PLACE UNIT 423  
City-St-Zip: MIAMI GARDENS, FL 33169 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALEX TELFORT

PRES

07/16/2008

Electronic Signature of Signing Officer or Director

Date