

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90042 026 ***150.00

DOCUMENT # P07000041555					
1. Entity Name TAX & BUSINESS SERVICES INC.					
Principal Place of Business 15560 SW 77 TERR - UNIT A-35 MIAMI, FL 33193			Mailing Address 15560 SW 77 TERR - UNIT A-35 MIAMI, FL 33193		
2. Principal Place of Business - No P.O. Box # 6623 SW 148 PL		3. Mailing Address Suite, Apt. #, etc. Miami FL			
City & State 33193		City & State 33193		4. FEI Number 20-8796162	
Zip 33193		Country		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, JORGE E 9420 W FLAGLER ST APT 302 MIAMI, FL 33174			7. Name and Address of New Registered Agent Name: Vivian de la C. Vazquez Street Address (P.O. Box Number is Not Acceptable): 6623 SW 148 PL City: Miami FL Zip Code: 33193		
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: DATE: 03-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, JORGE E 9420 W FLAGLER ST - APT 302 MIAMI, FL 33174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Vivian de la C. Vazquez 6623 SW 148 PL Miami FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 title empowered.					
SIGNATURE:			03-11-08 (70) 543-9151		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		