

2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-02-2008 90008 023 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000051534					
1. Entity Name PBA TAX SERVICES INC.					
Principal Place of Business 312A S. W. 12TH AVENUE MIAMI, FL 33130			Mailing Address 312A S. W. 12TH AVENUE MIAMI, FL 33130		
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	4. FEI Number 20-8936255	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERRERO, LAZARO G 312A S. W. 12TH AVENUE MIAMI, FL 33130				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-listing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERRERO, LAZARO G		NAME		
STREET ADDRESS	312A S. W. 12 AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33130		CITY- ST- ZIP		
TITLE	VP D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERRERO, AMELIA		NAME		
STREET ADDRESS	312A S. W. 12TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33130		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

KS