


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90252 002 ***150.00

DOCUMENT # P07000118888 1. Entity Name YOUR TAX TEAM INC					
Principal Place of Business 712 SABUR COURT CAPE CORAL, FL 33904 US			Mailing Address 712 SABUR COURT CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-131 0727	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DO CAMPO, ADA Y 712 SABUR COURT CAPE CORAL, FL 33904				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008			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	VP CORAL, FRED 712 SABUR COURT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DO CAMPO, ADA Y 712 SABUR COURT CAPE CORAL, FL 33904 <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 like empowered.					
SIGNATURE: <u>Ada Y do Campo</u> President <u>5/1/08</u> <u>(239)895-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Document Number P07000118888
Business Entity Name YOUR TAX TEAM INC
FEI Number 261310727
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 712 SABUR COURT
City, State CAPE CORAL, FL
Zip Code & Country 33904 US

Mailing Address

Address 712 SABUR COURT
City, State CAPE CORAL, FL
Zip Code & Country 33904 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) DO CAMPO, ADA, Y
Address 712 SABUR COURT
City, State CAPE CORAL, FL
Zip Code & Country 33904 US

Officer/Director Name And Address

Name And Address #1

Title VP
Name (Last, First, Middle, Title) CORAL, FRED
Street Address 712 SABUR COURT
City, State CAPE CORAL, FL
Zip Code & Country 33904

Name And Address #2

Title P

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#POF000118888

Name (Last, First, Middle, Title) DO CAMPO, ADA, Y

Street Address 712 SABUR COURT

City, State CAPE CORAL, FL

Zip Code & Country 33904

Title P

Officer/Director Signature ADA Y DO CAMPO

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Password

E-mail Address

ATTACHMENT

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Transaction Amount: **\$150.00**

Email Address: **adaydocampo@embarqmail.com**
Billing Name: **ADA Y DOCAMPO**
Billing Address: **712 SABUR COURT**
Billing City: **CAPE CORAL**
Billing State: **FL**
Billing Zip: **33904-**
Billing Phone Number: **2395424886**

Payment Method: **Visa**
Credit Card Number: **4888940083931416**
Credit Card Expiration Date: **12/2010**

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ATTACHMENT

P07000118888

YOUR TAX TEAM, INC.

712 Sabur Court
Cape Coral, FL 33904
(239) 542-4886

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May 2, 2008

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

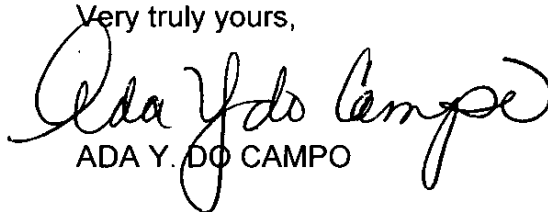
Re: 2008 for Profit Corporation Annual Report

Dear Sir/Madam:

Pursuant to the instructions of one of your agents, enclosed please find a check in the sum \$150.00 for the Annual Report Filing. Please consider waiving the late fees, for your consideration in doing so I have enclosed the Annual Report Online Filing dated May 1, 2008 indicating that I was unable to complete the transaction on the due date.

Thanking you in advance for your consideration.

Very truly yours,


ADA Y. DO CAMPO

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Enclosures