

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001447

Entity Name: INSTANT TAX SERVICE, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

8360 W FLAGLER ST, STE 110  
MIAMI, FL 331442042 US

## New Principal Place of Business:

8360 W FLAGLER STREET  
110  
MIAMI, FL 331442042 US

## Current Mailing Address:

8360 W FLAGLER ST, STE 110  
MIAMI, FL 331442042 US

## New Mailing Address:

8360 W FLAGLER STREET  
110  
MIAMI, FL 331442042 US

FEI Number: 26-1667499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, LOURDES  
5727 NW 7 STREET  
336  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

VALDES, LOURDES  
8360 W FLAGLER STREET  
110  
MIAMI, FL 331442042 US

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: LOURDES VALDES

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VALDES, LOURDES  
Address: 8360 W FLAGLER ST, STE 110  
City-St-Zip: MIAMI, FL 331442042 US

Title: VP ( ) Delete  
Name: VALDES, LOURDES  
Address: 8360 W FLAGLER ST, STE 110  
City-St-Zip: MIAMI, FL 331442042 US

Title: S ( ) Delete  
Name: VALDES, LOURDES  
Address: 8360 W FLAGLER ST, STE 110  
City-St-Zip: MIAMI, FL 331442042 US

Title: T ( ) Delete  
Name: VALDES, LOURDES  
Address: 8360 W FLAGLER ST, STE 110  
City-St-Zip: MIAMI, FL 331442042 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:

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: LOURDES VALDES

PVST

04/28/2009

Electronic Signature of Signing Officer or Director

Date