

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047764

FILED
Feb 18, 2009
Secretary of State

Entity Name: ACCOUNTAX ASSOCIATES CORP

Current Principal Place of Business:

454 NW 22 AVE
STE 199
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

454 NW 22 AVE
STE 199
MIAMI, FL 33125

New Mailing Address:

FEI Number: 26-2613371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, CARLOS M
290 SW 77TH CT
MIAMI, FL 33144 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NUNEZ, CARLOS M
Address: 290 SW 77TH CT
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: MARQUETTI, ROBERT
Address: 4810 SW 114 CT
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: MARQUETTI, HILDA
Address: 4810 SW 114 CT
City-St-Zip: MIAMI, FL 33165

Title: P () Delete
Name: ROMERO, ILEANA
Address: 290 SW 77TH CT
City-St-Zip: MIAMI, FL 33125

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: ILEANA ROMERO

P

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date