

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053204

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: BUSINESS ACCOUNTING OF S. FLA, INC.

## Current Principal Place of Business:

4900 N FEDERAL HIGHWAY  
SUITE 209  
POMPANO BEACH, FL 33464

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 272706  
BOCA RATON, FL 33427 US

## New Mailing Address:

FEI Number: 26-2717092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVIN, JAY  
4900 N FEDERAL HIGHWAY  
SUITE 209  
BOCA RATON, FL 33460 US

## Name and Address of New Registered Agent:

XLEVIN, XJAY  
4900 N FEDERAL HIGHWAY  
SUITE 209  
BOCA RATON, FL 33460 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: XJAY XLEVIN

03/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEVIN, JAY  
Address: 4900 N FEDERAL HIGHWAY SUITE 209  
City-St-Zip: POMPANO BEACH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: XLEVIN, XJAY  
Address: 4900 N FEDERAL HIGHWAY SUITE 209  
City-St-Zip: POMPANO BEACH, FL 33064

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: XJAY XLEVIN

P

03/28/2009

Electronic Signature of Signing Officer or Director

Date