

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062030

Entity Name: E. TAX FINANCIAL SERVICES INC

FILED  
Jun 22, 2009  
Secretary of State

## Current Principal Place of Business:

12000 NW 7 AVENUE  
MIAMI, FL 33168

## New Principal Place of Business:

## Current Mailing Address:

234 SW 16 STREET  
DANIA BEACH, FL 33004

## New Mailing Address:

FEI Number: 26-2956921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELEAZARD, MIRLYNE  
234 SW 16 STREET  
DANIA BEACH, FL 33004 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELEAZARD, MIRLYNE  
Address: 234 SW 16 STREET  
City-St-Zip: DANIA BEACH, FL 33004

Title: VP ( ) Delete  
Name: ELEAZARD, DUKENS  
Address: 1450 NW 138 STREET  
City-St-Zip: MIAMI, FL 33167

Title: MGR (X) Delete  
Name: ELEAZARD, WOODLYNE  
Address: 6630 SW 7 STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ELEAZARD, WOODLYNE  
Address: 6630 SW 7 ST  
City-St-Zip: PEMBROKE PINES, FL 33023

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: ELEAZARD MIRLYNE

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date