

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004116

FILED  
Jan 29, 2011  
Secretary of State

**Entity Name:** THE INCOME TAX DEPOT, INC.

**Current Principal Place of Business:**

160 NW 176TH STREET  
SUITE 300  
MIAMI GARDENS, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

160 NW 176TH STREET  
SUITE 300  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

**FEI Number:** 80-0330730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF SUZANNE ST. LUCE, P.A.  
160 NW 176TH STREET  
SUITE 300  
MIAMI GARDENS, FL 33169 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ST. LUCE, CHRISTOPHE  
Address: 160 NW 176TH STREET, SUITE 300  
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: V  
Name: ST. LUCE, SUZANNE  
Address: 160 NW 176TH STREET, SUITE 300  
City-St-Zip: MIAMI GARDENS, FL 33169 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHE ST. LUCE

P

01/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date