

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000056312

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** ALMANZAR TAX, ACCOUNTING & CONSULTING CORP.

**Current Principal Place of Business:**

2900 GLADES CIRCLE  
1450  
WESTIB, FL 33327

**New Principal Place of Business:**

2900 GLADES CIRCLE  
1450  
WESTON, FL 33327

**Current Mailing Address:**

2900 GLADES CIRCLE  
1450  
WESTIB, FL 33327

**New Mailing Address:**

2900 GLADES CIRCLE  
1450  
WESTON, FL 33327

**FEI Number:** 27-1107127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALMANZAR, ELEUTERIO  
2900 GLADES CIRCLE  
1450  
WESTON, FL 33327 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: ALMANZAR, ELEUTERIO  
Address: 2900 GLADES CIRCLE STE 1450  
City-St-Zip: WESTON, FL 33327

Title: VPS  
Name: ESTOPINAN, FRIDA  
Address: 16175 LAUREL DR  
City-St-Zip: WESTON, FL 33326

Title: VPT  
Name: CIFUENTES, LIDA  
Address: 2723 CENTER COURT DR  
City-St-Zip: WESTON, FL 33326

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: ELEUTERIO ALMANZAR

PRES

05/01/2011

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

\_\_\_\_\_  
Date