

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000098533

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** TAX DOCTORS OF SOUTH FLORIDA, INC

**Current Principal Place of Business:**

930 SW 33RD TER.  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

441 DEL PRADO BLVD N  
SUITE 4  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

P.O. BOX 150553  
CAPE CORAL, FL 33915

**New Mailing Address:**

441 DEL PRADO BLVD N  
SUITE 4  
CAPE CORAL, FL 33909 US

**FEI Number:** 45-3964682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINARES, MIGDALINA  
930 SW 33RD TER  
CAPE CORAL, FL 33914 US

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

LINARES, MIGDALINA  
441 DEL PRADO BLVD N  
SUITE 4  
CAPE CORAL, FL 33909 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/23/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LINARES, MIGDALINA  
Address: 441 DEL PRADO BLVD N, SUITE 4  
City-St-Zip: CAPE CORAL, FL 33909 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: MIGDALINA LINARES

P

02/23/2012

Electronic Signature of Signing Officer or Director

Date