2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 08:00 AM Secretary of State

Daytone Phone #

	AITHUALE	ILLE OIL	 	Secretary of State
DOCUMENT # P92000014866 1. Enlity Name PRONTO INCOME TAX, INC.				Secretary of State
Principal Plac	e of Business	Mailing Address		
7360 CORAL	WAY	7360 CORAL WAY		{
SUITE 21	- ****	SUITE 21		
MIAMI, FL 3	3155	MIAMI, FL 33155		
DO NOT WRITE IN THIS SPACE			CE	02082006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable
				5. Certificate of Status Desired
Name and Address of Current Registered Agent) TEE TOUGHTEE
an institution of annual transfer and in the second of annual transfer and annual tran				
CORONADO, RAMONA			1	DO NOT WRITE
7360 CORAL WAY			}	DO NOT WILLIE
# 21			Į.	IN THIS SPACE
MIAMI, FL 33155			1	IN THIS STACE
			1	
 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. I am familiar with, and accept the obligations of registered agent. 				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. INDTE Registered Agent signature required when reinstating) DATE				
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND D	IRECTORS [
TITLE	PSO		ł	
NAME	CORONADO, RAMONA		1	
STREET ADDRESS CITY-ST-ZIP	7360 CORAL WAY, SUITE 21 MIAMI, FL 33155			. 1889983442780
DITE			1	. ####################################
NAME				
STREET ADDRESS	· -			
CATY-SI-ZIP			ł	
TITLE			1	j
NAME			ł	
STREET ADDRESS			ł	DO MOT MOSTE
CITY-ST-ZIP			į.	DO NOT WRITE
TITLE			3	IN THE COACE
NAME			1	IN THIS SPACE
STREET ADDRESS				
City-St-Zip			1	
TITLE			1	
NAME			1	
STREET ADDRESS			ł	į
CITY-ST-ZIP		_	}	
TITLE			Ī	
NAME			Ł	!
STREET ADDRESS			ł	
CITY-ST-ZIP	_		1	
12. Thereby o	sertify that the information supplied with t	his filing does not qualify for the ex-	emptions contained	in Chapter 119, Florida Statutes, I further certify that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receiver or truetee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
		· [

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR