

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025267

FILED
Apr 21, 2004
Secretary of State

Entity Name: PYRAMID ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

7601 E. TREASURE DRIVE
#9
MIAMI BEACH, FL 33141

Current Mailing Address:

1559 NE 167TH STREET
N MIAMI BEACH, FL 33162

New Principal Place of Business:

7601 E. TREASURE DRIVE
#9
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

7601 E TREASURE DRIVE
#9
NORTH BAY VILLAGE, FL 33141

FEI Number: 65-0400983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOPHIA LIMA
7601 E. TREASURE DRIVE #9
MIAMI BEACH, FL 33141

Name and Address of New Registered Agent:

SOPHIA LIMA
7601 E. TREASURE DRIVE #9
NORTH BAY VILLAGE, FL 33141

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: SOPHIA LIMA

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIMA, SOPHIA
Address: 7601 E. TREASURE DRIVE #9
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIMA, SOPHIA
Address: 7601 E. TREASURE DRIVE #9
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VP () Change (X) Addition
Name: MARQUET, BARBARA
Address: 7601 E TREASURE DRIVE #9
City-St-Zip: NORTH BAY VILLAGE, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SOPHIA LIMA

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date