## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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ANNUAL REPORT	Secretary of State
DOCUMENT # P9300062250  1. Entity Name PRONTO TAX AND ACCOUNTING SERVICES INC.	Secretary of State
Principal Place of Business Malling Address 7360 CORAL WAY SUITE 21 7360 CORAL WAY SUITE 21 MIAMI, FL 33155 MIAMI, FL 33155	A INDUSTRIAL IN BUTTERE STATE BETTA BETTA BETTA BUTTER WHITE BUTTER AND BUTTERE THE SERVER AND BUTTERE AND BUTTERE
DO NOT WRITE IN THIS SPA	02082006 No Chg-P CR2E034 (11/05)  4. FEI Number
6. Name and Address of Current Registered Agent  CORONADO, RAMONA 7360 CORAL WAY SUITE 21 MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE
8. 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 life it applicable. (NOTE: Registered Agent agenture required when reinstating)  DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution	
TITLE PSD  NAME CORONADO, RAMONA STITLET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	000000442778 03704706-88836-887 150.08 <b>DO NOT WRITE</b>
NAME STORET ADDRESS CITY-ST-ZIP TITLE NAME STRELT ADDRESS CITY-ST-ZIP TITLE NAME STRELT ADDRESS CITY-ST-ZIP	IN THIS SPACE

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: