2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State		
DOCUN 1. Entity Name	MENT # P930000793			Secreta	ry of State	
	ACCOUNTING AND TAX SE	RVICES INC.				
Principal Place	of Business	Meiling Address]		
7360 CORAL	WAY, STE. 21	7360 CORAL WAY, STE. 21				
Miami, Fl 33	7155	MIAMI, FL 33155				
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DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For Not Applicable
					of Status Desired	\$8.75 Additional
	5. Name and Address of Current Reg	istored Scient	<u> </u>	S. Cerimoate	- O' Stales Desired	Fee Required
		THE STATE OF THE S		_		
CORONADO, RAMONA 7360 CORAL WAY, STE. 21				DO	NOT WRI	ΓE
MIAMI, FL 33155				IN .	THIS SPAC	E
						- -
	named entity submits this statement for the	purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of Florida. I	am familiar with, and accept
the obligati	ons of registered agent.					
\$IGNATURE_	Signature, typed or printed name of registered agent and t	te it applicable. [NOTE Repisters	ed Apent eighsture require	d when reinstating)	0/	ite
Fill • After Ma	E NOWIII FEE 18 \$150.00 by 1, 2006 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees		
10.	OFFICERS AND DIR	ECTORS	J		<u></u>	
JULE	SD SON DO DANGE		1			
NAME STREET ADDRESS	CORONADO, RAMONA 7360 CORAL WAY, STE. 21					
CITY-ST-ZIF	MIAMI, FL 33155	<u> </u>				
NAME	PD CORONADO, NESTOR	. –				
STREET ADDRESS	7360 CORAL WAY, STE. 21				HOOOSIAA	ስሌሚኒ ጫ ተዩ
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STREET ADDRESS CITY-ST-ZIP						
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CITY-ST-ZIP			Į			

12. I hereby certify that the information supplied with this filing 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 it 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

STREET ADDRESS CITY-ST-ZIP

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