2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9400000479 1. Entity Name PROFESSIONAL INCOME TAX SERVICE, INC.					Apr 06, 2005 08:00 AM Secretary of State	
Principal Plac	ce of Business	Mailing A	ddress		.,,,	
12650 SW 6	STH ST	12650 S	W 6TH ST			
K-410 PEMBROKE	E PINES FL 33027	K-410 PEMBRO	KE PINES FL 330	27	7 (England 1112 tarr) aren anno anno a	arii XVIII Danii adisi Bibii Ibarb (aliber il Gas
2. Principal f	Place of Business	3. Mailing	Address	-		
Suite, Apt	. #, etc	Suite, A	Suite, Apt. #, etc		1st MOORE	CR2E034 (10/04)
City & Sta	te	City & S	City & State		4. FEI Number 65-0455141	Applied For Not Applicate
Zip	Country	Zip	C	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address	of Current Registered A	gent		7. Name and Address of New Ro	egistered Agent
DODNOTEIN FILLIOTT				Name	, ,	· · · · · · · · · · · · · · ·
	RNSTEIN, ELLIOTT 50 SW 6TH ST 10			Street Address	(P.O. Box Number is Not Acceptable	
	IBROKE PINES FL	33027				
				City		FL Zip Code
8. The above the obligation	named entity submits this s tions of registered agent.	statement for the purpose	of changing its regi	stered office or registe	ered agent, or both, in the State of Flor	ida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of re	gristered agant and tille if applicab	le (NOTE Hug	istered Agent signature require	d when reinstaling)	DATE
After	ILE NOW!!! FEE IS \$1 May 1, 2005 Fee Will B k Payable to Florida Dep	e \$550.00			9. Election Campa Trust Fund Cont	
10.	OFFI	CERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11
TITLE	D		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS	BORNSTEIN, ELLIOTT 12650 SW 6TH STREET	-	J	NAME STREET ADDRESS		
GITY-SI-ZIP	PEMBROKE PINES FL 3	3027		CITY-ST-71P		
THLE	D		☐ Defete	IIILE	110.000000	☐ Čhangé ☐ Aililli
NAME	BORNSTEIN, RACHELLE		NAME	9850000001 1987-2012-004	1753 038-010 150.00	
STREET ADDRESS CITY+ST-ZIP	12650 SW 6TH STREET PEMBROKE PINES FL 33027			STREET ADORESS CHY-SE ZIP	אָטַטָּ־־בּטּ וְענט יִדְּט	ոշօ_Ուդ 12ñ°ՈՈ
TLT L E			☐ Defete	UTEF		Change Advish
NAME				NAME		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY+ST-ZIP		
HILE			,	nns		🔲 Change 🔲 Āიტანი
NAME STREET ADDRESS				NAME STREET AODRESS		
City-ST-ZIP				CHY-ST-ZIP		
JITLE		•	☐ Delete	TITLE		☐ Change ☐ Addiiiù
NAME STREET ADDRESS				NAME STREET ADORESS		
CITY-ST-ZIP	1			CITY-ST-7IP		
TITLE			☐ Delete	TITLE		☐ Change ☐ A······
NAM?				NAME		
STREET ADDRESS CITY ST. ZIP				STREET AODRESS CITY ST-7IP		
12. Thereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE:						
SIGNATURE: ELLIST BORN STEIN 4/4/05 934-437-7/6/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Obstruct Phone V						

FILED