


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000000479 1. Entity Name PROFESSIONAL INCOME TAX SERVICE, INC.	
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Principal Place of Business 12650 SW 6TH ST K-410 PEMBROKE PINES FL 33027	Mailing Address 12650 SW 6TH ST K-410 PEMBROKE PINES FL 33027
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc	Suite, Apt. #, etc	
City & State	City & State	
Zip	Country	Zip
		Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent BORNSTEIN, ELLIOTT 12650 SW 6TH ST K-410 PEMBROKE PINES FL 33027	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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4. FEI Number 65-0455141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	BORNSTEIN, ELLIOTT	
STREET ADDRESS	12650 SW 6TH STREET	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	D	
NAME	BORNSTEIN, RACHELLE	
STREET ADDRESS	12650 SW 6TH STREET	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000289753		
NAME	04/06/05-80038-010 150.00		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elliott Bornstein
ELLIOTT BORNSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/4/05** Daytime Phone #: **954-437-7161**