

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000090016**

1. Entity Name  
**ACCOUNTING AND TAX CONSULTANTS OF FLORIDA, INC.**



Principal Place of Business  
**224 COMMERCIAL BLVD  
SUITE 200  
LAUDERDALE BY THE SEA FL 33308**

Mailing Address  
**224 COMMERCIAL BLVD  
SUITE 200  
LAUDERDALE BY THE SEA FL 33308  
US**

2. Principal Place of Business  
**Suite, Apt #, etc.**

3. Mailing Address  
**Suite, Apt #, etc.**

City & State  
**City & State**

Zip  
**Country**

Zip  
**Country**



MOORE CR2E034 (11/03)

4. FEI Number  
**65-6163682**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired  
☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LAVENDER, JOEL R  
507 SOUTHEAST 11TH COURT  
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code **---**

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD COBO, JOSEPH M 224 COMMERCIAL BLVD., STE 200 LAUDERDALE BY THE SEA FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000076507</b> <b>03/05/04-80005-003 150.00</b>
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12. I hereby certify that the information supplied with this filing 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 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:** Maria M. Melan **3/1/04 (934) 351-0936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR