


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000007973 1. Entity Name SOUTH FLORIDA TAX SERVICES CORP. |  |
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|--|--|
| Principal Place of Business 10279 SW FLAGLER TERRACE MIAMI, FL 33174 | Mailing Address 10279 SW FLAGLER TERRACE MIAMI, FL 33174 |
|--|--|



04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

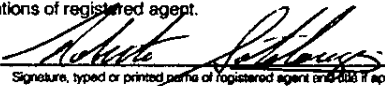
| | |
|---|--|
| 4. FEI Number 65-0552835 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SOTOLONGO, ROBERTO
10279 SW FLAGLER TERRACE
MIAMI, FL 33174**

**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  (NOTE: Registered Agent signature required when reinstating) DATE **4/20/08**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000921199
05/14/08-80075-003 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SOTOLONGO, ROBERTO JR. 10279 SW FLAGLER TERRACE MIAMI, FL 33174 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SOTOLONGO, ROBERTO 10279 SW FLAGLER TERR MIAMI, FL 33174 |
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IN THIS SPACE**

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 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:  DATE **4/20/08** 305-279-1945.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #