## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000048151

1 Entity Name

BOSCH ACCOUNTING AND TAX SERVICES CORPORATION



US

Principal	Place of	Business
-----------	----------	----------

Mailing Address

5440 N SR7

5440 N SR 7

5

FT LAUDERDALE, FL 33319 US

5

FT LAUDERDALE, FL 33319

FILED Apr 30, 2008 08:00 AN Secretary of State



	•		•	
DO	TON	WRITE	IN THIS	<b>SPACE</b>

04262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0586612

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSCH, JAIRO M 9914 NW 76TH STREET TAMARAC, FL 33321

## DO NOT WRITE IN THIS SPACE

					IN THIS SPACE	:
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its re	gistered offi	ce or r	registered agent, or both, in the State of Florida. I am familiar with, and a	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NOTE R	legistered Agent	signature	ure required when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
INTE	PTD				The state of the s	
NAME	BOSCH, JAIRO M		****			
STREET ADDRESS CITY-ST-ZIP	9914 NW 76TH STREET TAMARAC, FL 33321	•				
TITLE	VSD		_			
NAME	FERRARI, CLEMENTINA		ı		U00000932793	
STREET ADDRESS	9914 NW 76TH STREET		ı		05/22/08-80068-019 150.0	9
CITY-SI-ZIP	TAMARAC, FL 33321		- 1			٠,
TITLE						
NAME						
STREET ADDRESS CITY-ST-ZIP			•		DO NOT WRITE	
TITLE				•		,
NAME			* \$		IN THIS SPACE	. 3
STREET ADDRESS						
CITY-ST-ZIP						4
TITLE						٠.
NAME				,		
STREET ADDRESS					A Second Control of the Control of t	(,
CITY-ST-ZIP			I			

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 trusted empowered of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/08 954-730-0640