

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093690

FILED
Apr 29, 2004
Secretary of State

Entity Name: ACCOUNTAX FINANCIAL GROUP, INC.

Current Principal Place of Business:

2499 GLADES ROAD
SUITE 101
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

10863 JAPONICA COURT
BOCA RATON, FL 33498

New Mailing Address:

9725 NAPOLI WOODS LN
BOCA RATON, FL 33498

FEI Number: 65-0710077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSTEIN, WILLIAM
1300 N FEDERAL HIGHWAY
SQUIRES BUILDING, STE 203
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MALHOTRA, THRITY
9725 NAPOLI WOODS LN
DELRAY BEACH, FL 33446 US

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.

SIGNATURE: THRITY MALHOTRA

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALHOTRA, THRITY
Address: 10863 JAPONICA CT
City-St-Zip: BOCA RATON, FL 33498

Title: VDST () Delete
Name: MALHOTRA, SURINDAR
Address: 10863 JAPONICA CT
City-St-Zip: BOCA RATON, FL 33498

Title: VD () Delete
Name: MALHOTRA, CYRUS
Address: 10863 JAPONILLA COURT
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALHOTRA, THRITY
Address: 9725 NAPOLI WOODS LN
City-St-Zip: DELRAY BEACH, FL 33446

Title: VDST (X) Change () Addition
Name: MALHOTRA, SURINDAR
Address: 9725 NAPOLI WOODS LN
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD (X) Change () Addition
Name: MALHOTRA, CYRUS
Address: 9725 NAPOLI WOODS LN
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THRITY MALHOTRA

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date