

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079971

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA PROPERTY TAX CONSULTANTS, INC.

Current Principal Place of Business:

5835 BLUE LAGOON DRIVE
#200
MIAMI, FL 33126 US

Current Mailing Address:

5835 BLUE LAGOON DRIVE
#200
MIAMI, FL 33126 US

FEI Number: 65-0784924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUERAS, JUAN C
12901 SW 69 AVE.
MIAMI, FL 33156 US

New Principal Place of Business:

5835 BLUE LAGOON DRIVE
#100
MIAMI, FL 33126 US

New Mailing Address:

5835 BLUE LAGOON DRIVE
#100
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: FIGUERAS, JUAN C
Address: 12901 SW 69 AVE.
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: FIGUERAS, KRISTIN
Address: 12901 SW 69 AVE.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUAN C FIGUERAS

PVST

04/16/2009

Electronic Signature of Signing Officer or Director

Date