

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014591

Entity Name: CADENAS ACCOUNTING, INC.

FILED  
Jan 24, 2009  
Secretary of State

## Current Principal Place of Business:

1161 WEST 42ND ST  
HIALEAH, FL 33012

## New Principal Place of Business:

1161 WEST 42ND ST  
HIALEAH, FL 330124142

## Current Mailing Address:

1161 WEST 42ND ST  
HIALEAH, FL 33012

## New Mailing Address:

1161 WEST 42ND ST  
HIALEAH, FL 330124142

FEI Number: 65-0814082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CADENAS, ARAMIS R  
1161 WEST 42ND ST  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

CADENAS, ARAMIS R  
1161 WEST 42ND ST  
HIALEAH, FL 330124142 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: ARAMIS R CADENAS

01/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: CADENAS, ARAMIS R  
Address: 1161 WEST 42ND ST  
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete  
Name: CADENAS, ARAMIS R  
Address: 1161 WEST 42ND ST  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: CADENAS, ARAMIS R  
Address: 1161 WEST 42ND ST  
City-St-Zip: HIALEAH, FL 330124142

Title: VPS (X) Change ( ) Addition  
Name: CHALLA-CADENAS, LUISA M  
Address: 1161 WEST 42ND ST  
City-St-Zip: HIALEAH, FL 330124142

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: ARAMIS R CADENAS

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

Date