

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030089

Entity Name: A L M TAX SERVICES INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

531 NE 124 ST
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

531 NE 124 ST
MIAMI, FL 33161

New Mailing Address:

FEI Number: 52-2078345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACROIX, ALEX
531 NE 124 ST
MIAMI, FL 33161 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: P () Delete
Name: LACROIX, ALEX
Address: 531 NE 124 ST
City-St-Zip: MIAMI, FL 33161

Title: VP () Delete
Name: PAMPHILE LACROIX, DARLINE
Address: 531 NE 124 ST
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P S (X) Change () Addition
Name: LACROIX, ALEX
Address: 531 NE 124 ST
City-St-Zip: MIAMI, FL 33161

Title: VP S (X) Change () Addition
Name: PAMPHILE LACROIX, DARLINE
Address: 531 NE 124 ST
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEX LACROIX

P S

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date