

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90163 042 \*\*\*150.00

<b>DOCUMENT # P98000057813</b> 1. Entity Name <b>ALAMO ACCOUNTING &amp; TAX SERVICES, INC.</b>					
Principal Place of Business <b>4898 N.W. 7TH STREET</b> <b>MIAMI, FL 33126 US</b>			Mailing Address <b>4898 N.W. 7TH STREET</b> <b>MIAMI, FL 33126 US</b>		
2. Principal Place of Business <b>175 Fontainebleau Bldg</b>		3. Mailing Address Suite, Apt. #, etc. <b>1G-6</b>			
Suite, Apt. #, etc. <b>1G-6</b>		Suite, Apt. #, etc. <b>1G-6</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>			
Zip <b>33172</b>		Country <b>DaDE</b>		Zip <b>33172</b>	
Country <b>DaDE</b>		Country <b>DaDE</b>			
4. FEI Number <b>65-0846292</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMEJO, LUIS</b> <b>4898 N.W. 7TH STREET</b> <b>MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>Camejo, Luis</b> Street Address (P.O. Box Number is Not Acceptable) <b>175 Fontainebleau Ste 1G-6</b> <b>Miami</b> City <b>FL</b> Zip Code <b>33172</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b>	NAME <b>CAMEJO, LUIS</b>		TITLE <b>PD</b>	NAME <b>Camejo, Luis</b>	
STREET ADDRESS <b>4898 NW 7TH ST</b>	CITY-ST-ZIP <b>MIAMI, FL 33126</b>		STREET ADDRESS <b>175 Fontainebleau Ste 1G-6</b>	CITY-ST-ZIP <b>Miami FL 33172</b>	
TITLE <b>D</b>	NAME <b>CAMEJO, JUSTA T</b>		TITLE <b>D</b>	NAME <b>Camejo, Justa T</b>	
STREET ADDRESS <b>4898 NW 7TH ST</b>	CITY-ST-ZIP <b>MIAMI, FL 33126</b>		STREET ADDRESS <b>175 Fontainebleau Ste 1G-6</b>	CITY-ST-ZIP <b>Miami FL 33172</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>		TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	
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 trustee empowered to 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.					
<b>SIGNATURE:</b> <b>2/25/06 305-443-9599</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					