2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

DOCUMENT # P98000086473 1. Entity Name COMMERCIAL TAX & ACCOUNTING SERVICES INC.			Secretary of State		
Principal Place 1212 S.W. 2 MIAMI, FL 3		Mailing Address 1212 S.W. 2 STREET MIAMI, FL 33135			
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	•	and and a selection and this course is a bright fill flower his view. So die	ORGEN SALES	00 007 1700	Not Applicable \$8.75 Additional
	6. Name and Address of Current F	Togistered Agent			Fee Required
VASALLO, JANET 1212 SW 2 STREET MIAMI, FL 33135			े ज्यान	OO NOT WRIT	1 30 mm + 18 6.4.5 Mm + 1 1 2 1 1
			Tiblioda (Fr	IN THIS SPAC	E
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its registere		red agent, or both, in the State of Florida.	an familiar with, and accept
SIGNATURE Signature typed or printing that of registered agent and titled applicable. (NOTE. Registered Agent signature required when reinstating) DATE					
FILE NOW!!! PEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. TITLE	OFFICERS AND I	DIRECTORS		Andrews (1) Sin September 1 (1) Sin September	A STATE OF THE STA
NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, ELVIRA 1212 S.W. 2 STREET MIAMI, FL 33135		real and the Secretary of the secretary	Paris	
TITLE NAME	VPD VASALLO, JANET		e fills	77 V000002183 02/07/05-8008	888 84-005 150.00
STREET ADDRESS CITY-ST-ZIP	1212 S.W. 2 STREET MIAMI, FL 33135		A Section of Victoria	Mayberta gray a standarday	
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NAME STREET ADDRESS CITY-ST-ZIP			S. S. Sandari	Section 1 Temperature 1 Temper	Salar Sa
TITLE NAME STREET ADDRESS		,	A CONTRACTOR OF THE SECOND	The second secon	A STATE OF THE STA
CITY-ST-ZIP	certify that the information sumplied with	his filling does not qualify for the ever	notion stated in So.	The state of the s	certify that the information
12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reference or trustee lempowered 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.					
SIGNATURE: V / MULL 1 105/05 (305)(0432484					