

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90003 002 ***150.00

DOCUMENT # P98000099576

1. Entity Name
J. BABIO TAX SERVICE, INC.



Principal Place of Business

~~1444 N. ST. RD. 7~~
MARGATE, FL 33063

Mailing Address

~~1444 N. ST. RD. 7~~
MARGATE, FL 33063

40039549

2. Principal Place of Business - No P.O. Box #

1799 N. ST. RD 7

Suite, Apt. #, etc.

Suite 10
MARGATE, FL.

Zip
33063

Country
BRUNN

3. Mailing Address

1799 N. ST. RD 7

Suite, Apt. #, etc.

Suite 10
MARGATE FL

Zip
33063

Country
BRUNN



03172007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0875467

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BABIO, JOSEPH
1444 NORTH STATE ROAD 7
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSTD
BABIO, BARBARA A
1444 NORTH STATE ROAD 7
MARGATE, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1799 N. ST. RD 7 STE 10
MARGATE, FL. 33063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1799 N. ST. RD 7 STE 10
MARGATE, FL. 33063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

Date

954-972-3776

Daytime Phone #