## 2005 FOR PROFIT CORPORATION

## Feb 07, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P99000003153** 02-07-2005 90051 011 \*\*\*150.00 ACCOUNTING INTERNATIONAL CORP. Principal Place of Business Mailing Address 1452 N. KROME AVENUE 1452 N. KROME AVENUE 40013333 # 102B # 102B FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0888075 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, MIRIAM E Street Address (P.O. Box Number is Not Acceptable) 10131 SW 154 CIRCLE CT. 107 MIAMI, FL 33196 Zip Code City 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PD TITLE ☐ Change ☐ Addition □ Detete GONZALEZ, MIRIAM NAME MARKE STREET ADDRESS STREET ADDRESS 1452 N. KROME AVENUE #102B CITY-ST-ZIP FLORIDA CITY, FL 33034 CITY-ST-ZIP TD Change Addition ☐ Delete TITLE TITLE NAME NIELSEN, RICK NAME STREET ADDRESS 1452 N. KROME AVENUE #102B STREET ADDRESS CITY-ST-ZIP FLORIDA CITY, FL 33034 CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete FITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as regulated by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE:

FILED