

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90360 044 ***150.00

DOCUMENT # P99000059814 1. Entity Name ACCOUNTING ADVANTAGE, INC.			
Principal Place of Business 9745 SUNSET DR. #105 MIAMI, FL 33173		Mailing Address 9745 SUNSET DR. #105 MIAMI, FL 33173	
2. Principal Place of Business 10126 W. FLAGLER ST. Suite, Apt. #, etc.		3. Mailing Address 10126 W. FLAGLER ST. Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33174		Zip 33174	
Country		Country	
4. FEI Number 65-0932664		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, MICHAEL 9745 SUNSET DR. #105 MIAMI, FL 33173		7. Name and Address of New Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) 10126 W. FLAGLER ST. City MIAMI FL Zip Code 33174	
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: <i>Michael Perez</i> (NOTE: Registered Agent signature required when re-registering) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PEREZ, MICHAEL 9745 SUNSET DR. #105 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 10126 W. FLAGLER ST. MIAMI FL 33174
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CORRIE, BLANCA 9745 SUNSET DR. #105 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 10126 W. FLAGLER ST. MIAMI FL 33174
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. 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 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 another like empowered.			
SIGNATURE: <i>Michael Perez</i> SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/04 305-485-1956 Date Date/Phone	