

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90255 009 \*\*\*150.00

20044892



04202005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000059814			
1. Entity Name ACCOUNTING ADVANTAGE, INC.			
Principal Place of Business 10126 W. FLAGLER ST. MIAMI, FL 33174		Mailing Address 10126 W. FLAGLER ST. MIAMI, FL 33174	
2. Principal Place of Business 5350 NW 114 Ave.		3. Mailing Address 5350 NW 114 Ave.	
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. 303	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33178	Country	Zip 33178	Country
4. FEI Number 65-0932664		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, MICHAEL 10126 W. FLAGLER ST. MIAMI, FL 33174		7. Name and Address of New Registered Agent Name: PEREZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable): 5350 NW 114 Ave. # 303 City: MIAMI FL Zip Code: 33178	
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> DATE: 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	PD PEREZ, MICHAEL 10126 W. FLAGLER ST. MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MICHAEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5350 NW 114 Ave. # 303 MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORRIE, BLANCA 10126 W. FLAGLER ST. MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORRIE, BLANCA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5350 NW 114 Ave. # 303 MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE: <i>Michael Perez</i>		4/20/05 305-485-1956	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	