## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

Assign Address of Business Suit 224 Sui	DOCUMENT # P99000090322				04-17-2006 90380 039 ***150.00						
SO HIST 491H STREET	1. Entity Name ACCOUNTANTS ASSOCIATES II, INC.										
SUITE 224 HALEAH, FL. 33012  2. Principal Place of Business  3. Malling Address  4. FEI Number  6. Chig - P CR2E034 (11/105)  4. FEI Number  6. Chig - P CR2E034 (11/105)  4. FEI Number  6. Name and Address of Current Replative Agent  7. Name and Address of New Replative Agent  1. Name  8. Confector of Status Desired  6. Name and Address of Current Replative Agent  1. Name	Principal Place of Busi	Mailing Address	hailing Address			UU :					
### ### ##############################	ſ ,		•	801 WEST-49TH STREET			•				
2. Principal Place of Business   3. Mailing Address   586 N.W.   90 HT   578 eeT    Suite, Apt. f. etc.   Suite, Apt. f. etc.   Od122008   ChgP   CR2E034 (11/05)  City & State   Cyty & State   Cyty   Chulb   Chylm   Columb   Chylm   Columb   Chylm   Columb   Chylm   Columb   Chylm											
Suite, Apt. #, etc.  Applied for Sp. December   Applied for Sp. December   Applied for Sp. December   Applied for Sp. December   Sp.	HIALEAM, FL 33012			_							
Chy & State    Control   Country   C			886[ N.W. 1	886[ N.W. 196"STREET							
Country   2p   Country   2p   2p   Country   2p   2p   Country   5. Certificate of Sistus Desired   \$8.75 Additional   \$8.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (1	11/05)		
Coly FL Zip Code  Street Address of New Registered Agent  LOPEZ, ARAMIS  SOLAMEGE 1987-198-198  Solame and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL	City & State		MIAMI, FLORIDA				-		Not	t Applicable	
Color   Street Address of Current Registered Agent   Name   Nam	Zip	Country	Zip 33018	Country		5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code  8. The above named entity subplies his statement for the purpose of Annanging 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   Zip Code  8. The above named entity subplies his statement for the purpose of Annanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligati	6. Na	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
Street Address (P.O. Box Number is Not Acceptable)	LOPEZ ARAMIS				Name						
City FL Zip Code  8. The above named entity subgrain-flis statement to the purpose of franging its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida.	801-WEST-18TH GTREET 886 ( N.W. 196"ST.			Street	Street Address (P.O. Box Number is Not Acceptable)						
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ARTER May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.											
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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.	L		·	. <b> </b>							
SIGNATURE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Phone &											