

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90380 039 ***150.00

DOCUMENT # P99000090322 1. Entity Name ACCOUNTANTS ASSOCIATES II, INC.													
Principal Place of Business 801 WEST 49TH STREET SUITE 224 HIALEAH, FL 33012			Mailing Address 801 WEST 49TH STREET SUITE 224 HIALEAH, FL 33012										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8861 N.W. 196 TH STREET Suite, Apt. #, etc.											
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0959096									
Zip 33018		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent LOPEZ, ARAMIS 801 WEST 49TH STREET SUITE 224 HIALEAH, FL 33012 8861 N.W. 196 TH ST. MIAMI, FL 33018				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 to 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: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD LOPEZ, ARAMIS JR 801 WEST 49TH STREET STE 224 HIALEAH, FL 33012 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, ARAMIS JR 801 WEST 49TH STREET STE 224 HIALEAH, FL 33012		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8861 N.W. 196TH STREET MIAMI, FL 33018 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8861 N.W. 196 TH STREET MIAMI, FL 33018		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.													
SIGNATURE: ARAMIS LOPEZ JR. 4-14-06 305-556-6110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>													