

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90036 023 \*\*\*150.00

<b>DOCUMENT # P99000090322</b>					
<b>1. Entity Name</b> ACCOUNTANTS ASSOCIATES II, INC.					
<b>Principal Place of Business</b> <del>801 WEST 49TH STREET</del> <del>SUITE 224</del> <del>HIALEAH, FL 33012</del>			<b>Mailing Address</b> <del>8861 NW 196TH ST</del> <del>HIALEAH, FL 33018</del>		
<b>2. Principal Place of Business, No P.O. Box #</b> 900 W. 49th Street Suite, Apt. #, etc. Ste # 418 City & State Hialeah, FL Zip 33012      Country USA			<b>3. Mailing Address</b> 900 W. 49th Street Suite, Apt. #, etc. Ste # 418 City & State Hialeah, FL Zip 33012      Country USA		
<b>6. Name and Address of Current Registered Agent</b> <del>LOPEZ, ARAMIS</del> <del>8861 NW 196TH ST</del> <del>HIALEAH, FL 33018</del>			<b>7. Name and Address of New Registered Agent</b> Name <u>LOPEZ JR, ARAMIS</u> Street Address (P.O. Box Number is Not Accepted) <u>900 W. 49th Street</u> <u>STE # 418</u> City <u>Hialeah</u> FL      Zip Code <u>33012</u>		
<b>4. FEI Number</b> 65-0959096					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>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:</b> SIGNATURE <u><i>Aramis Lopez Jr</i></u> <u>ARAMIS LOPEZ JR - President</u> <u>3-28-08</u> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, ARAMIS JR 8861 NW 196TH ST. HIALEAH, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE</b> <u><i>Aramis Lopez Jr</i></u> <u>ARAMIS LOPEZ JR</u> <u>3-28-08</u> <u>305-5562295</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					