2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V39946

City-St-Zip:

Entity Name: TAX SAVERS OF MIAMI, INC

FILED Jan 16, 2009 Secretary of State

_many man	TO CONTROL WILLIAM, INC.		
Current Principal Place of Business:		New Principal Place of Business:	
	DEE ROAD ABLES, FL 33146		
Current M	lailing Address:	New Mailing Address:	
	DEE ROAD ABLES, FL 33146		
FEI Number	: 65-0415277 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	, LARRY DEE ROAD ABLES, FL 33146 US		
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both	
SIGNATU	RE:		
	Electronic Signature of Registered Ag	ent Date	
Election Car	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PST () Delete PUYANIC, LARRY 535 HARDEE ROAD CORAL GABLES, FL 33146	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S () Delete GIANNAKO POULOS, LINDA 535 HARDEE RD. CORAL GABLES, FL 33146	Title: VP (X) Change () Addition Name: GIANNAKO POULOS, LINDA Address: 535 HARDEE RD. City-St-Zip: CORAL GABLES, FL 33146	
Title: Name: Address: City-St-Zip:	() Delete	Title: TRES () Change (X) Addition Name: CRUELL, MARIA Address: 935 NE 99 STREET City-St-Zip: MIAMI SHORES, FL 33138	
Title: Name: Address:	() Delete	Title: SEC () Change (X) Addition Name: PUYANIC, LARRY Address: 535 HARDEE ROAD	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: CORAL GABLES, FL 33146

SIGNATURE: LARRY PUYANIC PRES 01/16/2009