

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000116602

1. Entity Name

TUXEDO PARK INVESTMENTS INC.



Principal Place of Business

4438 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

Mailing Address

4438 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410



03022008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1061105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTEIRO, FLORENCE
4438 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000847771
03/19/08-80032-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MONTEIRO, FLORENCE
STREET ADDRESS 4438 DAFFODIL CIRCLE SOUTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D
NAME MONTEIRO, STEVEN
STREET ADDRESS 4438 DAFFODIL CIRCLE SOUTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 individual authorized 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 my address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENCE MONTEIRO

3/3/08

Date

Daytime Phone #

561-346-4150