


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000093848**  
 1. Entity Name  
**TAMARAC BUSINESS CENTER, INC.**



Principal Place of Business 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE, FL 33309 US	Mailing Address 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE, FL 33309 US
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**DO NOT WRITE IN THIS SPACE**



05102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0559515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOLLAND, MICHELLE**  
 150 W FLAGLER ST  
 2200 MUSEUM TOWER  
 MIAMI, FL 33130

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTERS, NATHAN 2005 W. CYPRESS CREEK RD., SUITE 202 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTERS, SAMUEL 2005 W. CYPRESS CREEK RD., SUITE 202 FT. LAUDERDALE, FL
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 05/30/07-80031-004 150.00

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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: *C. R. [Signature]* 5/1/07 954-771-5056 x 208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #