


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # S90749
 1. Entity Name
 1763 TAMiami CORPORATION



Principal Place of Business 1601 BELVEDERE RD SUITE 407 SOUTH WEST PALM BEACH, FL 33406 US	Mailing Address 1601 BELVEDERE RD SUITE 407 SOUTH WEST PALM BEACH, FL 33406 US
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0295615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL
 1601 BELVEDERE RD
 SUITE 407 SOUTH
 WEST PALM BEACH, FL 33406

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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 _____

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

U00000940642
 05/28/08-80075-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METZ, JOHN 8008 S. FLAGLER COURT W. PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASARCH, GAIL 1601 BELVEDERE RD 407 S W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPES, PAUL 1601 BELVEDERE RD, SUITE 407 SOUTH W. PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, SYDELLE 1601 BELVEDERE RD, STE 407 SOUTH WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: P. Mapes CFO Paul Mapes 4/18/08 561-689-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #