

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90332 009 ***150.00

DOCUMENT # P00000092274	
1. Entity Name TAMARIND WAY CORPORATION	

Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131
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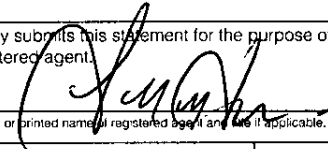
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	
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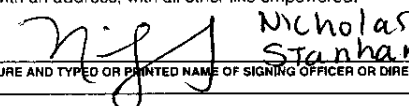
7. Name and Address of New Registered Agent Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr Suite 0-305 City Miami FL Zip Code 33131	
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8. The above named entity submits this statement 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 	DATE 4/6/04
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D PAULLIER, PABLO 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
D MAILHOS, CRISTINA 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
AS STANHAM, NICHOLAS 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE: 01-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

14001392

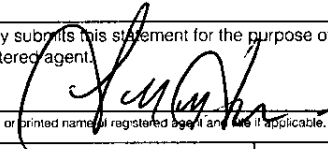


01072004 Chg-P CR2E034 (10/03)

4. FEI Number 41-2051994	Applied For ☐ Not Applicable
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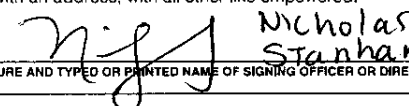
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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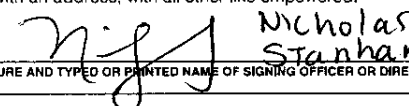
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