

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 389453

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: TAMPA ENTERPRISES, INC.

## Current Principal Place of Business:

1320 S. DIXIE HWY., STE 940  
CORAL GABLE, FL 33146

## New Principal Place of Business:

1500 SAN REMO AVENUE  
SUITE # 222  
CORAL GABLES, FL 33146

## Current Mailing Address:

1320 S. DIXIE HWY., STE 940  
CORAL GABLE, FL 33146

## New Mailing Address:

1500 SAN REMO AVENUE  
SUITE # 222  
CORAL GABLES, FL 33146

FEI Number: 59-1412496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERSKOWITZ, BERNARD  
1320 S. DIXIE HWY., STE 940  
CORAL GABLE, FL 33146 US

## Name and Address of New Registered Agent:

HERSKOWITZ, BERNARD  
1500 SAN REMO AVENUE  
SUITE # 222  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: BERNARD HERSKOWITZ

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HERSKOWITZ, JEROME  
Address: 430 CAMPANA AVENUE  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: HERSKOWITZ, BERNARD  
Address: 7501 S.W. 114 STREET  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: HERSKOWITZ, ALLAN (ASST)  
Address: 8820 S.W. 105TH STREET  
City-St-Zip: MIAMI, FL

Title: SDV ( ) Delete  
Name: HERSKOWITZ, JACK  
Address: 9100 S. DADELAND #1404  
City-St-Zip: MIAMI, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HERSKOWITZ, JEROME  
Address: 430 CAMPANA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

Title: VD (X) Change ( ) Addition  
Name: HERSKOWITZ, BERNARD  
Address: 1500 SAN REMO AVENUE, SUITE # 222  
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JEROME HERSKOWITZ

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date