

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 398190**  
 1. Entity Name  
**TARMAC PRODUCTS, INC..**



Principal Place of Business      Mailing Address  
**13295 N.W. 107TH AVE.**      **PO BOX 12-6386**  
**HIALEAH GARDENS FL 33018**      **HIALEAH FL 33012**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**59-1408292**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TARIN, VICTOR R**  
**7800 SW 70 ST**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 resigning)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	TARIN, VICTOR R	
STREET ADDRESS	7800 SW 70 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TARIN, LOURDES L.	
STREET ADDRESS	7800 SW 70 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	VAZQUEZ, MARTA	
STREET ADDRESS	10700 SW 108 AVE #C216	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	TARIN, LOURDES L	
STREET ADDRESS	7800 SW 70 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000454631  
 03/15/06-80024-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lourdes Tarin      LOURDES TARIN      3/1/06      305-557-6423