


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 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

**DO NOT WRITE IN THIS SPACE**



01272007    No Chg-P    CR2E034 (11/05)

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

U00000616158  
02/07/07-80017-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT TARIN, VICTOR R 7800 SW 70 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TARIN, LOURDES L. 7800 SW 70 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, MARTA 10700 SW 108 AVE #C216 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARIN, LOURDES L 7800 SW 70 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Louresde Tarin*      LOURDES TARIN      1-29-07      305-557-6423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #