

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 505659

1. Entity Name
TARA MANAGEMENT SERVICES, INC.



Principal Place of Business
**10 PALMER RD
SUITE H
INDIAN HARBOUR BEACH, FL 32937**

Mailing Address
**PO BOX 360911
MELBOURNE, FL 32936 US**



04122006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1768744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALTMAN, T. A.
10 PALMER RD
SUITE H
INDIAN HARBOUR BEACH, FL 32937**

**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 _____

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ALTMAN, T. A.
STREET ADDRESS	10 PALMER RD
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	D
NAME	ALTMAN, ALEX B.
STREET ADDRESS	6310 CAPSTAN CT
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	ALTMAN, ROBERTA
STREET ADDRESS	10 PALMER RD
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	D
NAME	ALTMAN, ROBERTA
STREET ADDRESS	10 PALMER RD
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80010-018 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 321-773-2000
Date Daytime Phone #