2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 600670

1. Entity Name

TINA MARIE CORPORATION



FILED Mar 18, 2004 8:00 am Secretary of State

03-18-2004 90006 030 ***150.00

7211 N DALE MABRY, STE 206 TAMPA FL 3814 4 2. Principal Place of Business Suite, Apr. # etc. Suite, Apr. #	Principal Place	of Business	Mailing Address	Mailing Address							
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Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. MOORE CREEGIA (11/03)			•								
Applied For	2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Sp. 1226589 Next Applicable Sp. 75 Addison Sp. 75	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.							
ELOLAN, ARA 7/211 N DALE MABRY SUITE 206 TAMPA FL 33614 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Color	City & State		City & State	City & State			59-1226589		No	Applicable	
ELOIAN, ARA 77211 N DALE MABRY SUITE 206 TAMPA FL 33614 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synaws, lyced or prices name of registered agent with a Replacible (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NOTE: Registered agent, or both, in the State of Florida. (NO	Zip	Country	Zip	Zip Count							
ELOIAN, ARA 7211 N DALE MABRY SUITE 206 TAMPA FL 33614 Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address o	of Current Registered Agent			7. N	ame and Address of New Regis	tered Ag	ent :-		
TAMPA FL 33614 Signature 206 TAMPA FL 33614 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL State of Florida. I sent terminar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printer named in registered agent at the intercept of the obligations of registered agent at the intercept of the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I sent terminar with, and accept the obligations of registered agent agents. SIGNATURE					Name		•	,	_		
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	7211 SUIT	I N DALE MABRY E 206			Street Add	ress (P.O. Bo	ox Number is Not Acceptable)		*		
## B. 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 Sign	TAM	IPA FL 33614									
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FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDST ELOIAN, ARA FIRET ADDRESS CITY-ST-2P TAMPA, FL 00000 TAMPA, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-2P Addition Additio											
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12. I hereby certify that the information supplied with this filling 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 supplied ental 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 of trusted 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 end dess, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 (BI3)932-91BF

Daytime Phone #