

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90070 039 ***150.00

DOCUMENT # 600670

1. Entity Name

TINA MARIE CORPORATION



Principal Place of Business

**7211 N. DALE MABRY, STE 206
TAMPA FL 33614**

Mailing Address

**7211 N. DALE MABRY, STE 206
TAMPA FL 33614**

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 (10/04)

4. FEI Number

59-1226589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELOIAN, ARA
7211 N DALE MABRY
SUITE 206
TAMPA FL 33614**

Name
Tina Marie Mesropian

Street Address (P.O. Box Number is Not Acceptable)
7211 N. Dale Mabry

Suite 206

City
Tampa

FL

Zip Code
33614

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

Tina Marie Mesropian

Tina Marie Mesropian 3-29-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☒ Delete
NAME ELOIAN, ARA
STREET ADDRESS 7211 N DALE MABRY, STE 206
CITY-ST-ZIP TAMPA, FL 00000

TITLE PDST ☒ Change ☐ Addition
NAME Mesropian, Tina Marie
STREET ADDRESS 7211 N. Dale Mabry, STE 206
CITY-ST-ZIP Tampa, Florida 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

Tina Marie Mesropian
Tina Marie Mesropian

3-29-05

(813) 932-9188

Date

Daytime Phone #