


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 841098 1. Entity Name TIGERVERST N.V. (INCORPORATED) |  |
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|---|---|
| Principal Place of Business % MARIANELA E. DE SUAREZ 1333 S. MIAMI AVE., STE. 100 MIAMI, FL 33130 | Mailing Address % MARIANELA E. DE SUAREZ 1333 S. MIAMI AVE., STE. 100 MIAMI, FL 33130 |
|---|---|

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02102004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1934965 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000089156 03/15/04-80081-007 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMACO, CURACAO N V KAYA W.F.G. (JOMBI) MENSING 36 CURACAO, NETH ANTILLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALEH, RAYMUNDO P KAYA NIKIBOKO NORT 15 KRALENDIJK BONAIRE, NA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALEH-CRAANE, ORFA PAULINA R KAYA NIKIBOKO NORT 15 KRALENDIJK BONAIRE, NA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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|---|-------------------------------------|
| SIGNATURE: <u>AMACO (CURACAO) N.V.</u> <u>Managing Director</u> | 03 MARCH 2004 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |