


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90022 033 ***150.00

DOCUMENT # 844389 1. Entity Name TAMANA CORPORATION N.V.	
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Principal Place of Business C/O PETER F. DEGAETANO, ESQ. 488 MADISON AVE., 5TH FL. NEW YORK, NY 10022 US	Mailing Address C/O PETER FR. DEGAETANO, ESQ. 488 MADISON AVE., 5TH FLOOR NEW YORK, NY 10022 US
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40003367



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3003031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARIBBEAN MGMTS CO 6, JOHN B. GORSIRAWEG CURACOA, N.A.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEGAETANO, GEORGE A. 488 MADISON AVE 5TH FLOOR N.Y., NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEGAETANO, PETER F. 488 MADISON AVE., 5TH FL. N.Y., NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/05 212 935 7100