

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003780

Entity Name: TIGRA SOLUTIONS INC.

FILED
Mar 26, 2005
Secretary of State

Current Principal Place of Business:

2665 MAIN ST.
LAWRENCEVILLE, NJ 08648

New Principal Place of Business:

Current Mailing Address:

3801 S. OCEAN DRIVE, STE. 16P
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 31-1822676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSMAN, WILLIAM
3801 SOUTH OCEAN DRIVE, STE. 16P
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: COSMAN, WILLIAM
Address: 3801 S. OCEAN DRIVE, STE. 16P
City-St-Zip: HOLLYWOOD, FL 33019

Title: S () Delete
Name: HARVEY, LAURIE
Address: 3801 S. OCEAN DRIVE, STE. 16P
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM COSMAN

CPT

03/26/2005

Electronic Signature of Signing Officer or Director

Date