


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F04000004289 1. Entity Name TAMAYO FINANCIAL SERVICES, INC. |  |
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| Principal Place of Business 3833 S. HARLEM AVE. BERWYN, IL 60402 | Mailing Address 3833 S. HARLEM AVE. BERWYN, IL 60402 |
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02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 36-4187931 | Applied For <input type="checkbox"/> Not Applicable |
| 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 CARDENAS, JULIO 19750 CYPRESS COURT MIAMI, FL 33015 |
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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 _____ (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

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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP TAMAYO, JUAN M 2101 W DIVISION ST. CHICAGO, IL 60622 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCVP TAMAYO, JOSE 3833 S. HARLEM AVE. BERWYN, IL 60402 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD TAMAYO, LUIS 5744 PULASKI RD. CHICAGO, IL 60629 |
| 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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02/24/05-80041-009 150.00

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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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/18/05** Daytime Phone # _____