

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000001351

1. Entity Name
DEFOM CORPORATION, INC.



Principal Place of Business

**7821 NORTH DALE MABRY HIGHWAY SUITE 110
TAMPA, FL 33614**

Mailing Address

**7821 NORTH DALE MABRY HIGHWAY SUITE 110
TAMPA, FL 33614**



04262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0046480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TANGMAN, GORDON B
7821 NORTH DALE MABRY HIGHWAY SUITE 110
TAMPA, FL 33614-3201**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000948245
06/02/08-80046-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RUSCA, FAUSTO C
STREET ADDRESS	VIA MAGGIO 1 CH-6900
CITY-ST-ZIP	LUGANO, SZ.
TITLE	VS
NAME	TOMBARI, MICHAEL G
STREET ADDRESS	11811 NORTH FREEWAY SUITE 300
CITY-ST-ZIP	HOUSTON, TX 77060
TITLE	T
NAME	HATFIELD, KENNETH L
STREET ADDRESS	11811 NORTH FREEWAY SUITE 300
CITY-ST-ZIP	HOUSTON, TX 77060
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 exemptions contained in Chapter 119, 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: **MICHAEL G. TOMBARI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08 251 870 0797