


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90038 044 \*\*\*163.75

<b>DOCUMENT # F19604</b> 1. Entity Name <b>TIGAR AMERICAS CORPORATION</b>					
Principal Place of Business <b>2801 PONCE DE LEON BLVD SUITE 550 CORAL GABLES FL 33134 US</b>			Mailing Address <b>39 BAYRD ST MALDEN MA 02148-2017 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2140161</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHAFER, ROBERT J 2801 PONCE DE LEON BLVD SUITE 550 CORAL GABLES FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>COB</b>	NAME <b>MILOJKA LUKIC</b> <input checked="" type="checkbox"/> Delete		TITLE <b>DVS</b>	NAME <b>MANIC MILOJAD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>10 PERE TOBOROVICA</b>	CITY-ST-ZIP <b>BELGRADE, YUGOSLAVIA 1100</b>		STREET ADDRESS <b>RESAVSKA, 2</b>	CITY-ST-ZIP <b>BELGRADE, SERBIA &amp; MONTENEGRO, 11000</b>	
TITLE <b>D</b>	NAME <b>MILJANA MILOJKOVIC</b> <input checked="" type="checkbox"/> Delete		TITLE <b>D</b>	NAME <b>MITIC LJUBISA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8 INDIJE GANDI</b>	CITY-ST-ZIP <b>BELGRADE, YUGOSLAVIA 11000</b>		STREET ADDRESS <b>NIKOLE PASICA, 213</b>	CITY-ST-ZIP <b>PIROT, SERBIA &amp; MONTENEGRO, 18300</b>	
TITLE <b>D</b>	NAME <b>MITIC, LJUBISA</b> <input type="checkbox"/> Delete		TITLE <b>D</b>	NAME <b>MITIC LJUBISA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>TIGAR, M. PIJADE 213</b>	CITY-ST-ZIP <b>PIROT, YUGOSLAVIA</b>		STREET ADDRESS <b>NIKOLE PASICA, 213</b>	CITY-ST-ZIP <b>PIROT, SERBIA &amp; MONTENEGRO, 18300</b>	
TITLE <b>D</b>	NAME <b>DRAGAN, NIKOLIC</b> <input type="checkbox"/> Delete		TITLE <b>COB</b>	NAME <b>DRAGAN NIKOLIC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>NIKOLE PASICA, 213</b>	CITY-ST-ZIP <b>PIROT, YUGOSLAVIA 18300</b>		STREET ADDRESS <b>NIKOLE PASICA, 213</b>	CITY-ST-ZIP <b>PIROT, SERBIA &amp; MONTENEGRO 18300</b>	
TITLE <b>DPT</b>	NAME <b>SOKOLOVIC, BRANISLAV</b> <input type="checkbox"/> Delete		TITLE <b>D</b>	NAME <b>MITIC LJUBISA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>39 BAYRD ST</b>	CITY-ST-ZIP <b>MALDEN MA 02148</b>		STREET ADDRESS <b>NIKOLE PASICA, 213</b>	CITY-ST-ZIP <b>PIROT, SERBIA &amp; MONTENEGRO 18300</b>	
TITLE <b>S</b>	NAME <b>BRANISLAV KRTIKO</b> <input checked="" type="checkbox"/> Delete		TITLE <b>D</b>	NAME <b>MITIC LJUBISA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>GENEX ZRANOVA</b>	CITY-ST-ZIP <b>BELGRADE, YUGOSLAVIA</b>		STREET ADDRESS <b>NIKOLE PASICA, 213</b>	CITY-ST-ZIP <b>PIROT, SERBIA &amp; MONTENEGRO 18300</b>	
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.					
<b>SIGNATURE: BRANISLAV SOKOLOVIC</b> <i>Brankovic, president</i> <b>03/08/04</b> <b>781-397-8756</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					