

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001459

FILED
Jan 27, 2009
Secretary of State

Entity Name: TINTAGEL HOLDINGS OF FLORIDA, INC.

Current Principal Place of Business:

3301 PONCE DE LEON BLVD, PH-SUITE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3301 PONCE DE LEON BLVD, PH-SUITE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-0445596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINES, GUSTAVO A ESQ
3301 PONCE DE LEON BLVD, PH-SUITE
CORAL GABLES, FL 33134 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: DPT () Delete
Name: RODRIGUEZ, VICENTE S
Address: ELVIRA MENDEZ ST.#10, INTERSECO BLDG. 2FL
City-St-Zip: PANAMA, REPUBLIC OF PANAMA,

Title: DVSS () Delete
Name: BORRERO, RAMON JURADO
Address: ELVIRA MENDEZ ST.#10, INTERSECO BLDG. 2FL
City-St-Zip: PANAMA, REPUBLIC OF PANAMA,

Title: DS () Delete
Name: ARAUZ, CELESTINO
Address: ELVIRA MENDEZ ST.#10, INTERSECO BLDG. 2FL
City-St-Zip: PANAMA, REPUBLIC OF PANAMA,

Title: AS () Delete
Name: PINES, GUSTAVO A
Address: 3301 PONCE DE LEON BLVD, PH-SUITE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: GUSTAVO A. PINES

AS

01/27/2009

Electronic Signature of Signing Officer or Director

Date