



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F99000000166</b>		
1. Entity Name TUMARO'S, INC.		

Principal Place of Business 5300 SANTA MONICA BLVD. LOS ANGELES, CA 90029	Mailing Address 5300 SANTA MONICA BLVD. LOS ANGELES, CA 90029	#311
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FILED  
05 JAN -3 PM 12: 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



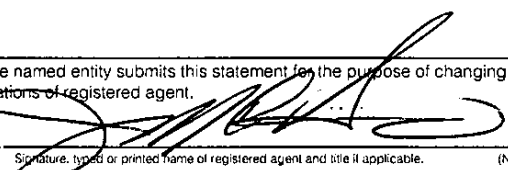
REINSTATEMENT 04

4. FEI Number 95-4452677	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CIMATO, MAT  
15126 SPRINGVIEW ST  
TAMPA, FL 33624

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  DATE 12/10/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

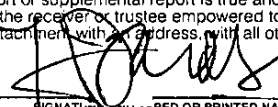
**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC JACOBS, HERMAN 5300 SANTA MONICA BLVD. LOS ANGELES, CA 90029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JACOBS, BRIAN 5300 SANTA MONICA BLVD. LOS ANGELES, CA 90029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  HERMAN JACOBS 12-20-04 323-464-6317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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10/29/04--01058--007 \*\*150.00

000042316430  
01/05/05--01049--006 \*\*608.75

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