

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84490

FILED
Jul 14, 2008
Secretary of State

Entity Name: TAMPA TUBE CONTAINERS, INC.

Current Principal Place of Business:

% VICTOR J. BOLSA
6605 ANDERSON RD
TAMPA, FL 33634 US

New Principal Place of Business:

% VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

Current Mailing Address:

% VICTOR J. BOLSA
6605 ANDERSON RD
TAMPA, FL 33634 US

New Mailing Address:

% VICTOR J. BOLSA
18116 SPENCER RD
ODESSA, FL 33556 US

FEI Number: 59-2380822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLSA, VICTOR J.
6605 ANDERSON RD
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

BOLSA, VICTOR J.
18116 SPENCER RD
ODESSA, FL 33556 US

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:

07/14/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLSA, VICTOR
Address: 6605 ANDERSON RD
City-St-Zip: TAMPA, FL 33634

Title: V () Delete
Name: BOLSA, MARIANO
Address: 6605 ANDERSON RD
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: BOLSA, MARIA M
Address: 6605 ANDERSON RD
City-St-Zip: TAMPA, FL 33634

Title: VTD () Delete
Name: BOLSA, VICTOR J.
Address: 6605 ANDERSON RD
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOLSA, VICTOR
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: V (X) Change () Addition
Name: BOLSA, MARIANO
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: S (X) Change () Addition
Name: BOLSA, MARIA M
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

Title: VTD (X) Change () Addition
Name: BOLSA, VICTOR J.
Address: 18116 SPENCER RD
City-St-Zip: ODESSA, FL 33556

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: VICTOR J. BOLSA

PRES

07/14/2008

Electronic Signature of Signing Officer or Director

Date