

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 005 ***150.00

DOCUMENT # J40810 1. Entity Name PALM BEACH TAMARIN, INC.			
Principal Place of Business C/O HUFFMAN 223 SUNSET AVE PALM BEACH, FL 33480 US		Mailing Address C/O HUFFMAN 223 SUNSET AVE PALM BEACH, FL 33480 US	
2. Principal Place of Business C/O HUFFMAN Suite, Apt. #, etc. 350 ROYAL PALM WAY #409 City & State PALM BEACH, FL Zip 33480 Country USA		3. Mailing Address C/O HUFFMAN Suite, Apt. #, etc. 350 ROYAL PALM WAY #409 City & State PALM BEACH, FL Zip 33480 Country USA	
4. FEI Number 59-2751997		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUFFMAN, KENT ESQ. 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE POB NAME STEINBACHER, MICHAEL STREET ADDRESS 350 ROYAL PALM WAY #409, C/O HUFFMAN CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE P NAME HORST E. PFERDEKAEMPER STREET ADDRESS C/O HUFFMAN, 350 ROYAL PALM WAY #409 CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME HUFFMAN, KENT STREET ADDRESS 350 ROYAL PALM WAY #409 CITY-ST-ZIP PALM BEACH, FL 33480	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: KENT HUFFMAN, VP 4/20/04 561-833-5833 <small>SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			