

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90250 009 \*\*\*150.00

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03112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # J40810</b> 1. Entity Name <b>PALM BEACH TAMARIN, INC.</b>					
Principal Place of Business <b>C/O HUFFMAN</b> <b>350 ROYAL PALM WAY #409</b> <b>PALM BEACH, FL 33480 US</b>			Mailing Address <b>C/O HUFFMAN</b> <b>350 ROYAL PALM WAY #409</b> <b>PALM BEACH, FL 33480 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2751997</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUFFMAN, KENT ESQ.</b> <b>350 ROYAL PALM WAY</b> <b>SUITE 409</b> <b>PALM BEACH, FL 33480</b>			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;"> <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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P PERDEKAMPFER, HORST E</b> <del>% HUFFMAN, 350 ROYAL PALM WAY #409</del> <del>PALM BEACH, FL 33480</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MICHAEL STEINPICKLER</b> <b>c/o HUFFMAN 350 ROYAL PALM WAY #409</b> <b>PALM BEACH, FL 33480</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HUFFMAN, KENT</b> <b>350 ROYAL PALM WAY #409</b> <b>PALM BEACH, FL 33480</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ <b>PROES.</b>			Date: <b>3/11/05</b> Daytime Phone #: <b>561-833-5833</b>		