2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # J40810 1. Entity Name PALM BEACH TAMARIN, INC.					04-21-20	008 90072 032 ***:	150.00	
Principal Place of Business X/X/ANDMAN XXXXXXX 3-50 R0VAL PALMWAY #400 XX PALM BEACH, FL 33 480 UX XXXXXXXXXXXXXX 2. Principal Place of Business - No P.O. Box # c/o Kent Huffman, Esq.		Mailing Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Suite, Apt. 515 N. F	#, etc. Plagler Dr., #801	Suite, Apt. #, etc. 515 N. Flagler Dr., #801 City & State		0122200		CR2E034 (12/06)		
City & State West Palm Beach, FL Zip Country		West Palm Beach, FL			mber 751997 tate of Status Desire	. S8.75 Ad		
33401	USA 6. Name and Address of Current	33401 Registered Agent	UŞA			Fee Require	ed J	
HUFFMAN, KENT ESQ.				Kern Huffman, Esq.				
	AL PALM WAY		5 ^S l'3 ^S '!	515 North Flagter Drive				
PALM BEACH, FL 33480			Suite	801				
			West	Palm Beach		FL 3340		
8. The above named entity submits this systement 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 Signature, typed of printed name angular applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIO	NS/CHANGES TO C	FFICERS AND DIRECTOR		
NAME STREET ADDRESS	STEINPICHLER, MICHAEL ADDRESS %HUFFMAN, 350 ROYAL PALM WAY #409			C/O HUFEN	nan, 515	VEX Change	Addition Addition	
CITY-ST-ZIP TITLE	PALM BEACH, FL 33480 VPS	Palata	CITY-ST-ZIP	WEST AP	un BBAL	H. FL 3341	0/	
NAME STREET ADDRESS CITY-ST-ZIP	HUFFMAN, KENT 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480	Delete	NAME STREET ADDRESS CITY-ST-ZIP	KENTHUK SIS N. FU	obude (R. #80/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-Z3P		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
HITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipiver 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: SIGNATURE AND TYPE TO A SIGNAME SIGNING OFFICER ON DIRECTOR 10 Date Dayline Proces								