

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62354

Entity Name: TUMBACO, INC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

7855 N.W. 12TH ST.
#221
MIAMI, FL 331268036

New Principal Place of Business:

7855 N.W. 12TH ST.
#221
DORAL, FL 331268036

Current Mailing Address:

7855 N.W. 12TH ST.
#221
MIAMI, FL 331268036

New Mailing Address:

7855 N.W. 12TH ST.
#221
DORAL, FL 331268036

FEI Number: 59-2782519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAMUDIO, IVY
6907 SW 115TH PLACE,
UNIT - A
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DIEZ, DOLORES
Address: STREET ANTONIO FLORES JIJON E15-219
City-St-Zip: QUITO, EC

Title: D () Delete
Name: DIEZ, EDUARDO
Address: STREET ANTONIO FLORES JIJON E15-219
City-St-Zip: QUITO, EC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDUARDO DIEZ

D

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date