

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # J72886 1. Entity Name TAMIAMI GROUP, INC.	
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Principal Place of Business 13940 SW 136 ST. #100 MIAMI, FL 33186	Mailing Address 13940 SW 136 ST. #100 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0008570	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENITEZ, VICTOR 12191 SW 92ND AVE MIAMI, FL 33176
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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.

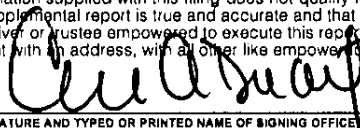
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000807466 02/07/08-80009-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENITEZ, MIRIAM 12191 SW 92 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, VICTOR M 12191 SW 92 AVE MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUART, CARLOS A 14491 SW 161 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, SILVIA S 14920 SW 167 ST MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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 an other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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