2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J72886

1. Entity Name
TAMIAMI GROUP, INC.

Principal Place of Business	Mailing Address
13940 SW 136 ST. #100 MIAMI, FL 33186	13940 SW 136 ST. #100 MIAMI, FL 33186

01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0008570
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000807466
02/07/08-80009-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BENITEZ, MIRIAM
STREET ADDRESS	12191 SW 92 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	PD
NAME	BENITEZ, VICTOR M
STREET ADDRESS	12191 SW 92 AVE
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	TS
NAME	DUART, CARLOS A
STREET ADDRESS	14491 SW 161 ST
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	BENITEZ, SILVIA S
STREET ADDRESS	14920 SW 167 ST
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 all other like empowerment.

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