2008 FOR PROFIT CORPORATION

| ANNUAL REPORT | | | | Apr 28, 2008 08:00 AN | | |
|------------------------------------|---|--|---------------------------------------|-------------------------------|-----------------------|---------------------------------------|
| | MENT # J82626 | ر اشماران | | | Secre | tary of State |
| 1. Entity Nan TAMBOR | ne RELLO SERVICE STATION, (N | IC. | | | | |
| Principal Plac | ce of Business | Mailing Address | <u> </u> | | | |
| | | 1715 4TH AVE TAMPA, FL 33605 | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| , | , | | | 01072008 | No Chg-P | CR2E034 (11/05) |
| DO NOT WRITE IN THIS SE | | | CE | 4. FEI Number | | Applied For |
| | | | | 59-28402 5. Certificate of | | Not Applicab |
| | 6. Name and Address of Current Re | gistered Agent | | J. Continuate or | Otatus Desired | Fee Required |
| | D, JOHN J. | | | ו סם | W TO | RITE |
| 450 AUSTRALIAN AVE S. SUITE 400 | | | | . – . | . – | |
| WEST PALM BEACH, FL 33401 | | | | | HIS SPA | ACE |
| | e named entity submits this statement for the | e purpose of changing its registe | red office or registe | red agent, or both, | in the State of Flori | da. I am familiar with, and accep |
| | ations of registered agent. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | ttle if applicable. (NOTE: Register | ed Agont signature required | d when reinstating) | | DATE |
| FIL After M | LE NOWIII FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00 | Election Campaign Fine Trust Fund Contribution | | .00 May Be led to Fees | | |
| 10. | OFFICERS AND DII | RECTORS | - | L | | · · · · · · · · · · · · · · · · · · · |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | TAMPA, FL PD | | - | | <u> </u> | |
| NAME STREET ADDRESS | TAMBORELLO, JOSEPH | | | Ub/ 2 | :1788-88833 | -001 150.00 |
| CITY-ST-ZIP | 1715 4TH AVE TAMPA, FL | | | | | |
| TITLE NAME | | · | 1 | | | - |
| STREET ADDRESS | | | | DO I | NOT W | DITE |
| CITY-ST-ZIP | | | 4 | | | |
| TITLE NAME | , | | | IN T | HIS SP | ACE |
| STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | | - | | | |
| NAME Street Address | - | | ł | | | |
| CITY-ST-ZIP | | | _ | | | |
| TITLE | | | 1 | | | |

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 in changed, or on an attachment with an address, with all other like empowered.

Sec.

SIGNATURE

JOSEPH TAMBOCE (6) SCAMM Julius 12 TREAS.

4-11-02 (813) 248-2781

NAME STREET ADDRESS CITY-ST-ZIP