


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # K25800 1. Entity Name TAMEL PROPERTIES, INC.	
---	---

Principal Place of Business 16175 NW 49 AVE MIAMI, FL 33014-314 US	Mailing Address 16175 NW 49 AVE MIAMI, FL 33014-314 US
--	--

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0056466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION
 SUITE 2130
 1 SE 3RD AVE
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000100134
 03/31/04-80032-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURGEL, CARLOS A.P. 16175 NW 49TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT SOARES, RUY 16175 NW 49TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MORRISON, ROBERT 16175 NW 49 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS ESTIMA, LUIS F. 16175 NW 49 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BLENKER, DAVID 16175 NW 49TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLOOM, SI H 16175 N.W. 49 AVE MIAMI, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE: *[Signature]* Date: March 25, 2004 Daytime Phone #: (305) 624-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR