## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 28, 2005 8:00 am Secretary of State DOCUMENT # K31442 03-28-2005 90069 041 \*\*\*150.00 1. Entity Name TARMAINE, INC. Principal Place of Business Mailing Address 550 BILTMORE WAY 2600 DOUGLAS RD PH 6 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01052005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0071835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADIAL, JOSE I DO NOT WRITE 2600 DOUGLAS RD PH 6 CORAL GABLES, FL 33134 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. 44.38 DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be 5 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAGATA, MACHIKO NAME STREET ADDRESS 550 BILTMORE WAY CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED