


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L58352

1. Entity Name
TAMIAMI INTERNATIONAL EQUIPMENT, INC.



Principal Place of Business 13615 SOUTH DIXIE HIGHWAY SUITE #456 MIAMI, FL 33176 US	Mailing Address 13615 SOUTH DIXIE HIGHWAY SUITE #456 MIAMI, FL 33176
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01172006 No Chg-P CR2E034 (11/05)

4. FET Number 65-0181473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KENNETH G. LANCASTER
5975 SUNSET DR
SUITE 703
SOUTH MIAMI, FL 33143**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATON, YOLANDA 13615 SOUTH DIXIE HIGHWAY #456 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATON, JONATHAN J 13615 SOUTH DIXIE HIGHWAY #456 MIAMI, FL 33176
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IN THIS SPACE**

01172006-0181473-014 150.00

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 empowered.

SIGNATURE: *Jonathan J. Katon* x 1-18-06 x 305-2358777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JONATHAN J. KATON** Date: Daytime Phone #