

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L90504	
1. Entity Name TAMARA ENTERPRISES, INC.	

Principal Place of Business 5021 SW 151 TERR MIRAMAR, FL 33027 US	Mailing Address 5021 SW 151 TERR HOLLYWOOD, FL 33027 US
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0208789	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAMARA, EDGARDO
5021 S.W. 151 TERR
MIRAMAR, FL 33027

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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) **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	U00000379388 01/10/06-80020-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME TAMARA, EDGARDO A.
STREET ADDRESS 5021 SW 151 TER	CITY-ST-ZIP MIRAMAR, FL 33027
TITLE STD	NAME TAMARA, LEONOR
STREET ADDRESS 5021 SW 151 TER	CITY-ST-ZIP MIRAMAR, FL 33027
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Edgardo A. Tamara *President* 1/7/06 954-442-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #