


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97633</b> 1. Entity Name <b>TAMIR TRADING INC.</b>			
Principal Place of Business <b>182 N. INDUSTRIAL LOOP                  LA BELLE FL 33935                  US</b>		Mailing Address <b>P.O. BOX 2819                  LABELLE FL 33935                  US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
		4. FEI Number <b>65-0222421</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROSALES, EDUARDO OCTAVIO                  182 N. INDUSTRIAL LOOP                  LA BELLE FL 33975</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>ROSALES, EDUARDO OCTAVIO</b> <input type="checkbox"/> Delete <b>4641 SE 1ST AVE</b> <b>CAPE CORAL FL 33904</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000001565</b> <b>04/04/07-80049-003 158.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <b>ROGERS, DIANE</b> <input type="checkbox"/> Delete <b>4641 SE 1ST AVE</b> <b>CAPE CORAL FL 33904</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Eduardo Rosales</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/21/07</u> Daytime Phone #: <u>863 675 4955</u>	



1st MOORE CR2E034 (10/06)