


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M45849</b>	
1. Entity Name <b>TAMARGO ADVERTISING CO. INC.</b>	

Principal Place of Business <b>C/O GLORIA TAMARGO LOPEZ 9940 SW 40 ST. MIAMI, FL 33165 US</b>	Mailing Address <b>C/O GLORIA TAMARGO LOPEZ 9940 SW 40 ST. MIAMI, FL 33165 US</b>
----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2758407</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent

**TAMARGO, GLORIA  
9940 S.W. 40 ST.  
MIAMI, FL 33165**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000369329 06/10/05-80001-011 150.00</b>
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAMARGO, GLORIA 9940 SW 40 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

**U00000369329  
06/10/05-80001-010 400.00**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: <u><i>Gloria Tamargo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>06/06/05</u> Date	<u>(305) 553-6001</u> Daytime Phone #
---------------------------------------------------------------------------------------------------------------	-------------------------	------------------------------------------