
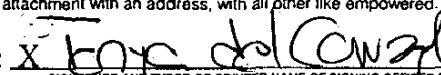


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90127 048 ***150.00

DOCUMENT # P00000023639 1. Entity Name TADELCO, INC.					
Principal Place of Business 4301 SW 160 AVE APT #210 HOLLYWOOD, FL 33027			Mailing Address 4301 SW 160 AVE APT #210 HOLLYWOOD, FL 33027		
2. Principal Place of Business 2630 SW 28th ST.		3. Mailing Address 2630 SW 28th ST.			
Suite, Apt. #, etc. #28		Suite, Apt. #, etc. #28			
City & State COCONUT GROVE, FL.		City & State COCONUT GROVE, FL.		4. FEI Number 65-1016482	
Zip 33133		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORDOVA, ANGEL D 780 N.W. 42ND AVENUE, #416 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DTP <input type="checkbox"/> Delete TRAUTTMANSDORFF, FELIPE V 4301 SW 160 AVE APT #210 MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRAUTTMANSDORFF, FELIPE V 2630 SW 28th ST #28 COCONUT GROVE, FL. 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input type="checkbox"/> Delete DEL CORRAL, TANYA 4301 SW 160 AVE APT #210 MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEL CORRAL, TANYA 2630 SW 28th ST. #28 COCONUT GROVE, FL. 33133	
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	
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	
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	
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 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: 			FELIPE TRAUTTMANSDORFF, PRES. 3/31/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		