2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P00000036181

1. Entity Name
TAIMARK ENTERTAINMENT INC.

Principal Place of Business	Mailing Address
3619 NE 207ST. SUITE #2208 AVENTURA, FL 33180	3619 NE 207 ST. SUITE 2208 MIAMI, FL 33180

2. Principal Place of Business		3. Mailing Address	
		Taimark Entertainment	
Suite, Apt. #, etc.		Suite, Apt. #, etc P.O. Box 801701	
City & State		City & State Aventura Fla.	
Zip	Country	Zip 33280	Country USA

4. FEI Number 65-1002467 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKINE, TAIMARK
3619 NE 207 ST.
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name [redacted]
Street Address (P.O. Box Number is Not Acceptable)
[redacted]
City [redacted] FL Zip Code [redacted]

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: Taimark Walkine 04/26/06
Signature, typed or printed name of registered agent and title if applicable (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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WALKINE, TAIMARK 20201 NE 29 CT SUITE 222 AVENTURA, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Taimark Walkine 04/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #