

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085622

FILED
May 01, 2009
Secretary of State

Entity Name: TAMAMI INSURANCE AGENCY, INC.

Current Principal Place of Business:

13501 SW 136 ST #207
MIAMI, FL 33186

New Principal Place of Business:

13501 SW 136 ST #202
MIAMI, FL 33186

Current Mailing Address:

13501 SW 136 ST #207
MIAMI, FL 33186

New Mailing Address:

13501 SW 136 ST #202
MIAMI, FL 33186

FEI Number: 65-1039764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESPO, AILEEN
13501 SW 136 ST #207
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CRESPO, AILEEN
13501 SW 136 ST #202
MIAMI, FL 33186 US

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.

SIGNATURE:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CRESPO, AILEEN
Address: 13501 SW 136 ST #207
City-St-Zip: MIAMI, FL 33186

Title: SVD () Delete
Name: GARCIA, ROLANDO
Address: 13501 SW 136 ST #207
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CRESPO, AILEEN
Address: 13501 SW 136 ST #202
City-St-Zip: MIAMI, FL 33186

Title: SVD (X) Change () Addition
Name: GARCIA, ROLANDO
Address: 13501 SW 136 ST #202
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AILEEN CRESPO

PTD

05/01/2009

Electronic Signature of Signing Officer or Director

Date