


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90332 009 ***150.00

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| DOCUMENT # P00000092274 |  |
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1. Entity Name
TAMARIND WAY CORPORATION

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|---|---|
| Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 | Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 |
|---|---|

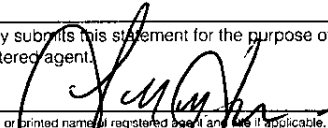
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|--------------------------------|---------------------|---|--------------------------------|-----------------|
| 2. Principal Place of Business | 3. Mailing Address | 01072004 | Chg-P | CR2E034 (10/03) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 41-2051994 | Applied For Not Applicable | |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr Suite 0-305 City Miami FL Zip Code 33131 |
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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.

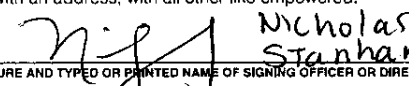
SIGNATURE:  DATE: 4/6/04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|--------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | D PAULLIER, PABLO 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131 <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 | D MAILHOS, CRISTINA 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131 <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 | AS STANHAM, NICHOLAS 520 BRICKELL KEY DRIVE, STE 0-305 MIAMI, FL 33131 <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 |
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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:  Nicholas Stanham 01-22-04 305 374-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #