


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90131 007 \*\*\*158.75

|  |   |
|--|---|
| DOCUMENT # P01000044042                |  |
| 1. Entity Name<br>TANI AUTO CARE, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>10550 BISCAYNE BLVD<br>MIAMI, FL 33138 | Mailing Address<br><del>15626 SW 95TH LANE</del> <b>PO BOX 163909</b><br><del>MIAMI, FL 33196</del> <b>MIAMI, FL 33116-3909</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**

01192005 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-1099522  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>TANINAKA, ROBERTO<br><del>15626 SW 95TH LANE</del><br><del>MIAMI, FL 33196</del> | <b>TANINAKA, ROBERTO</b><br><b>10550 BISCAYNE BLVD</b><br><b>MIAMI, FL 33138</b> |
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**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.

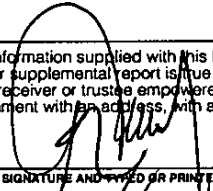
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>TANINAKA, ROBERTO<br><del>15626 SW 95TH LANE</del> <b>10550 BISCAYNE BLVD</b><br><del>MIAMI, FL 33196</del> <b>MIAMI, FL 33138</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SVD<br>TANINAKA, RITHY<br><del>15626 SW 95TH LANE</del> <b>10550 BISCAYNE BLVD</b><br><del>MIAMI, FL 33196</del> <b>MIAMI, FL 33138</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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:**  **4/5/05 (305)892-3100**

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