

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000080380

1. Entity Name
TAMAMI CONSULTING & TRADING, INC.



Principal Place of Business

**8518 SW 8TH ST
109
MIAMI, FL 33144**

Mailing Address

**8518 SW 8TH ST
109
MIAMI, FL 33144**



02252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0453999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARDELLA, RICARDO
1620 SW 87 PL
MIAMI, FL 33165**

**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 _____

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

TITLE	DP
NAME	BARDELLA, RICARDO
STREET ADDRESS	1620 SW 87 PLACE
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	DVP
NAME	VIEIRA, FLAVIO L
STREET ADDRESS	GEN.GOIS MONTEIRO 8A1404 RIODEJANEIRO
CITY- ST- ZIP	DE JANEIRO RJ 22298, BRAZIL,
TITLE	ST
NAME	BARDELLA, LOURDES
STREET ADDRESS	1620 SW 87 PL
CITY- ST- ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000470228
03/28/06-80006-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-06

Date

305 596-1281

Daytime Phone #