


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000080380</b> 1. Entity Name TAMAMI CONSULTING & TRADING, INC.	
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Principal Place of Business 8518 SW 8TH ST 109 MIAMI, FL 33144	Mailing Address 8518 SW 8TH ST 109 MIAMI, FL 33144
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03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0453999</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BARDELLA, RICARDO 1620 SW 87 PL MIAMI, FL 33165	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARDELLA, RICARDO 1620 SW 87 PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VIEIRA, FLAVIO L GEN.GOIS MONTEIRO 8A1404 RIODEJANEIRO DE JANEIRO RJ 22298,BRAZIL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARDELLA, LOURDES 1620 SW 87 PL MIAMI, FL 33165
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03/26/07-80014-014 150.00

**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:**  **3-13-07** **305 596 1281-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #