

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102015

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** TAM/CREEKSTONE SERVICES, INC.

**Current Principal Place of Business:**

2201 NW 30TH PLACE  
A  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2201 NW 30TH PLACE  
A  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 20-6001525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GY CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST  
WEST PALM BEACH, FL 33401 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: ALNAJJAR, NADER  
Address: 2201 NW 30TH PL, STE A  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DP  
Name: CHALEFF, LAWRENCE  
Address: 2201 NW 30TH PL, STE A  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DV  
Name: SHETTY, DAYANAND  
Address: 2201 NW 30TH PL, STE A  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVT  
Name: LAL, SANJAY  
Address: 2201 NW 30TH PL, STE A  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVS  
Name: DHANANI, MEENAZ  
Address: 2201NW 30TH PL, STE A  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: MEENAZ DHANANI

S

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date