

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90193 001 \*\*\*450.00

<b>DOCUMENT # P01000108766</b> 1. Entity Name <b>TAFACA, CORP.</b>			
Principal Place of Business <b>2450 SW 137TH AVE #234 MIAMI, FL 33175</b>		Mailing Address <b>2450 SW 137TH AVE #234 MIAMI, FL 33175</b>	
2. Principal Place of Business <b>1200 Brickell Ave. Ste 860</b>		3. Mailing Address <b>1200 Brickell Ave. Ste 860</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33131</b> Country		Zip <b>33131</b> Country	
6. Name and Address of Current Registered Agent <b>LOPEZ, PETER M ESQ 2450 SW 137TH AVE #234 MIAMI, FL 33175</b>		7. Name and Address of New Registered Agent Name <b>Peter M. Lopez, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 Brickell Ave. Ste 860</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>	
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 <b>2/24/06</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW! FEE IS \$150.00 After May 1, 2006 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>TAVOLIERI, GIUSEPPE 2450 SW 137TH AVE. #234 MIAMI, FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <b>Tavolieri, Ana Maria 1200 Brickell Ave., Ste 860 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FARES, MANUEL 2450 SW 137TH AVE. #234 MIAMI, FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fares, Manuel 1200 Brickell Ave., Ste 860 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CASANOVA, MARIO 2450 SW 137TH AVE #234 MIAMI, FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
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
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
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:		Director <b>2/24/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**66003267**



01042006 Chg-P CR2E034 (11/05)

4. FEI Number **65-1159283** Applied For ☐ Not Applicable ☐

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