## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

## FILED DOCUMENT # P01000119871 05 MAY 13 PM 1: 04 TAMÁCH INVESTMENTS, INC. SACHETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13951 SW 39 ST. 13951 SW 39 ST. MIAMI, FL MIAMI, FL CR2E034 (10/03) 05122005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3052122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, CARLOS DO NOT WRITE 13951 SW 39 ST. MIAMI, FL 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) \$5.00 May by Tring containe with sign 193(2) for F an the Added to Fees' 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. DPST TITLE GONZALEZ, CARLOS **800054668938** 05/17/05--01030--008 \*\*150.00 NAME STREET ADDRESS 13951 SW 39 ST. CITY-ST-ZIP MIAMI, FL THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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, which all other like empowered.

Daytime Phone #

MINTER NAME OF SIGNING OFFICER OR DIRECTOR