

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90017 027 \*\*\*158.75

<b>DOCUMENT # P02000018654</b>	
1. Entity Name TUTIMUNDI IMPORT & EXPORT, INC.	



Principal Place of Business 1744-A W. OAKLAND PARKLAND FORT LAUDERDALE, FL 33311	Mailing Address PO BOX 2652 HALLANDALE, FL 33008
--	--



2. Principal Place of Business 500 S. FEDERAL HWY		3. Mailing Address P.O. BOX 2652	
Suite, Apt. #, etc. # 2652		Suite, Apt. #, etc. #	
City & State HALLANDALE, FL		City & State HALLANDALE, FL	
Zip 33009	Country U.S.A.	Zip 33008	Country U.S.A.

02092004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0389584	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 3929 N FEDERAL HWY POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name ANGELA N. TAROMARU Street Address (P.O. Box Number is Not Acceptable) 500 S. FEDERAL HWY # 2652 City HALLANDALE FL Zip Code 33009	
---	--	---	--

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] DATE 02/10/2004

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAROMARU, ANGELA N PO BOX 2652 HALLANDALE, FL 33008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ANGELA N. TAROMARU P.O. BOX 2652 HALLANDALE, FL 33008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALD, MICHAEL P.O. BOX 2652 HALLANDALE, FL 33008 <input checked="" 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 checked="" 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE 02/10/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(516) 977-6120