2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attach

SIGNATURE:

## **FILED** Mar 10, 2008 08:00 A Secretary of State **DOCUMENT # P02000051759** 1. Entity Name TANDER INVESTMENTS CORP. Principal Place of Business Mailing Address 166 EAST 12TH ST. 166 EAST 12TH ST. HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 04-3661742 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, SILVERIO Street Address (P.O. Box Number is Not Acceptable) 166 EAST 12TH ST. HIALEAH FL 33010 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, Typed or pricred name of registered agent and title if applicable. (NOTE: Registered Agont signature required when reinstaurig) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 " Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ■ Addition PD TITLE TIT: F Delete U00000851226 PEREZ, SILVERIO NAME 03/25/08-80031-005 150.00 STREET ADDRESS STREET ADDRESS 166 EAST 12TH ST. CITY-ST-ZIP CITY - ST-ZIP HIALEAH FL 33010 STD Dalete Change ■ Addition TITLE NAME PEREZ, NURYS STREET ADDRESS STREET ADDRESS 166 EAST 12TH ST. CITY - ST - ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE Change Addition ☐ Derete HILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition mu NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Change ■ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or experience at report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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

ddress, with all other like empowered.