


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000056504</b> 1. Entity Name TIGER BARCODE SOLUTION, INC.	
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Principal Place of Business 290-174TH STREET 2405 SUNNY ISLES BEACH, FL 33160 US	Mailing Address 290-174TH STREET 2405 SUNNY ISLES BEACH, FL 33160 US
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04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3673311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DE SOUZA, LUIS C 290-174TH STREET 2405 SUNNY ISLES BEACH, FL 33160
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**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000728836  
05/08/07-80015-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE SOUZA, LUIS C R RIO GRANDE DO SOL 400 #33 CAMPINAS SP-BRAZIL 13050-570,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASSALIM, SANDRA 290-174TH STREET -2405 SUNNY ISLES BEACH, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Sandra Assalim 04/19/2007 (305)931-1737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #