


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P02000079736 1. Entity Name TAMARE SPECIAL PROJECTS, INC. |  |
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| Principal Place of Business 1291 NW 140 STREET NORTH MIAMI, FL 33161 | Mailing Address 1291 NW 140 STREET NORTH MIAMI, FL 33161 |
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| DO NOT WRITE IN THIS SPACE |
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03302005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 22-3859692 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FRANCISCO, ALONZO 1291 NW 140 STREET NORTH MIAMI, FL 33161 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ALONZO, FRANCISCO 1291 NW 140 STREET NORTH MIAMI, FL 33161 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>000000322873 04/22/05-80031-015 150.00</p> DO NOT WRITE IN THIS SPACE |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ | Daytime Phone # _____ |
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