## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000085547

## FILED Apr 19, 2004 Secretary of State

Entity Name: TACARIGUA, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3956 TOWN CENTER BLVD. SUITE 249 ORLANDO, FL 32837				2339 BARBADOS COURT KISSIMMEE, FL 34741	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3956 TOWN CENTER BLVD. SUITE 249 ORLANDO, FL 32837				2339 BARBADOS COURT KISSIMMEE, FL 34741	
FEI Number:	: 82-0570916	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
LINDER, NICOLAI 3956 TOWN CENTER BLVD 249 ORLANDO, FL 32837 US				LINDER, NICOLAI 2339 BARBADOS COURT KISSIMMEE, FL 34741 US	
	named entity see of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/19/2004	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () GONZALEZ, NA 3837 CINNAMO CLERMONT, FL	N FERN LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DONZA, CHIAR 3837 CINNAMO CLERMONT, FL	N FERN LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LINDER, NICOL 2339 BARBADO KISSIMMEE, FL	CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () GONZALEZ, NA 2339 BARBADO KISSIMMEE, FL	CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NICOLAI LINDER Ρ 04/19/2004

CHIARELLA, DONZA

2339 BARBADO CT

KISSIMMEE, FL 34741

Name:

Address:

City-St-Zip: