2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Mar 04, 2005 08:00 AM **DOCUMENT # P02000090600 Secretary of State** TAC CONSTRUCTION COMPANY Mailing Address Principal Place of Business 10556 NW 26 ST 10556 NW 26 ST **SU∏E** D-102 SUITE D-102 MIAMI, FL 33172 MIAMI, FL 33172 02132005 No Chg-P CR2E034 (10/03) **DO NOT WRITE IN THIS SPACE** Applied For 4. FE! Number 76-0712543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, JOSE A OO NOT WRITE 10556 NW 26 ST SUITE D-102 IN THIS SPACE MIAMI, FL 33172 2. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 11000000251679 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 03/04/05-80060-011 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MARTIN, ORLANDO NAME 11970 SW 46 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE FERNANDEZ, JOSE A NAME STREET ADDRESS 2484 SW 115 AVE CITY-ST-7IP MIAMI, FL 33165 TITLE NAME STREET ADDRESS 130 NOT WRITE CITY-ST-ZIP IN THIS SPACE ппе NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the Information intental 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 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 than address will all other like empowered. 12. I hereby certify that the inform indicated on this report or sup of the corporation or the receiphanged, or on an attachmen

TED NAME OF SIGNING OFFICER OR DIRECTOR

05.

Daytime Phone #