FILED

03 SEP -2 AH 10: 17

DOCUMENT # P02000126205 1. Entity Name TAMA INTERNATIONAL, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 799 CRANDON BLVD. #1004 KEY BISCAYNE, FL 33149		Mailing Address 799 CRANDON BLYD. #1004 KEY BISCAYNE, FL 33149		400022928584 09/10/0301044006 **150.00		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For Not Applied For	ıle	
Zip	Country	Zip	Country	Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	\Box	
AGOSTINI, MARCELLO 799 CRANDON BLVD. ≱1004		Name Street Address	s (P.O. Box Number is Not Acceptable)			
KEY BISCA	YNE, FL 33149					
e.			City	FL Zip Code		
The above the obligate	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept)t	
SIGNATURE						
[Signature, typed or primest name of registered agen		Registered Agentsignatum requir	ired when seinstaing) CATE		
Aft. Make Check	FILE NOWEL FEE IS \$150.00 or May 1: 2003 Fee will be \$550.0 Amended UER IS \$61.26 Fayable to Florida Départment	G of States		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	,	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
TITLE NAME	PSTD AGOSTINI, MARCELLO	Delete	TITLE	Change Additi	on	
STREET ADDRESS	799 CRANDON BLVD. #1004	•	STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	—————————————————————————————————————	CITY-ST-21P			
TITLE NAME	·	☐ Delete	TITLE NAME	☐ Change ☐ Additi	non	
STREET ADDRESS CITY-ST-ZIP	}		STREET ADDRESS CITY-ST-ZIP			
TITLE	Ì		1 Unit of 2			
}		☐ Delete -	TITLE	☐ Change ☐ Addit	ion	
NAME STREET ADDRESS		Oelete -	TITLE NAME STREET ADDRESS	☐ Change ☐ Addit	ion	
NAME		☐ Delete	TITLE	☐ Change ☐ Addit☐ Change ☐ Change ☐ Addit☐ Change ☐ Ch		
NAME STREET ADDRESS _CITY_ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS _CITY_ST-ZIP TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME			
NAME STREET ADDRESS _CITY_ST.ZP TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		tion	
NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Addit	ion	
NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete☐ Delete☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addit	ion	

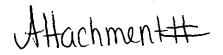
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 ereport as required by Chapter 507, 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:

MANNEN 1. A. Bys. 5.

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP)

CR2E034 (10/02)





August 6, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Tama International, Inc.

-EIN# 41-2069778-

Document# P02000126205

The above named taxpayer has not seen their payment in the amount of \$150.00 to your department for the 2003 Uniform Business Report clear their bank and are concerned that the check and form might have been lost by your department. The taxpayer mailed in the form along with the check on March 11, 2003 and more than four months have passed.

Enclosed please find a copy of the signed 2003 Uniform Business Report mailed in by the taxpayer along with a newly reissued check for \$150.00.

If you have any questions please do not hesitate to contact us.

Sincerely,

OGARIZ, GITLIN & ZOMERFELD, LLP

Hiram D.Ocariz, C.P.A.

For the firm

999 Ponce de Leon Blvd. Suite 1045 Coral Gables, FL 33134

Tel 305.444.8288 Fax 305.444.8280 HO/an

Encl.

5415 Mariner Street Suite 215 Tampa, FL 33609

Tel 813.636.0609 Fax 813.636.9223

www.ogz-cpa.com

Members of:

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants National Association of Certified Valuation Analysts PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.