

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000127045

1. Entity Name
TAPAMAR USA CORP.



FILED

08 APR 16 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**12000 BISCAYNE BLVD.
SUITE 507
MIAMI, FL 33181**

Mailing Address
**12000 BISCAYNE BLVD.
SUITE 507
MIAMI, FL 33181**

2. Principal Place of Business - No P.O. Box #
9999 NE 2ND AVE

Suite, Apt. #, etc.
218

City & State
MIAMI SHORES FL

Zip
33138

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03162008 Chg-P CR2E034 (12/06)

4. FEI Number
57-1139140

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIARATO, UGO V CPA
12000 BISCAYNE BLVD, STE 507
MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9999 NE 2ND AVE # 218

City **MIAMI SHORES** FL Zip Code **33138**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

800124312608
04/18/08--01008--035 **1050.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: _____ **04/10/2008 (305) 899.5099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #