2007 FOR PROFIT CORPORATION -ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 2007 8:00 am Secretary of State **DOCUMENT # P03000013175** 1. Entity Name 03-23-2007 90025 049 ***150.00 TAMÁRINDO, INC. Principal Place of Business Mailing Address 40040160 3725 SW 30TH AVE 3725 SW 30TH AVE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address 20855 NE 16 AVRNUE 20855 NE Suite, Apt. #, etc Suite, Apt. #, etc. 03062007 CR2E034 (12/06) Chg-P Suite CIL SUITE City & State north Miami Beach Applied For City & State 4. FEI Number 32-0057750 Not Applicable UORTA \$8.75 Additional 5. Certificate of Status Desired П DADQ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESPINOSA, TANIA 3725 SW 30TH AVE FORT LAUDERDALE, FL 33312 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE Change ☐ Addition NAME LEKACH, ILIA NAME 20855 NE 16 AVE. SUITE @16 NORTH MIAMI BEACH FL 33179 MChange Addition STREET ADDRESS STREET ADDRESS 3725 SW 30 AVE FORT LAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ESPINOSA, TANIA N NAME NAME 20855 NO 16 AVE. SUITE CIE STREET ADDRESS 3725 SW 30 AVE STREET ADDRESS NORTH MIAMI BRACH, Fl. 3317 FORT LAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

TANIA N. EspiNOSA 3/4/07 (305)770-4488