

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000045549

1. Entity Name
TANSAGE, INC.



FILED
05 NOV 21 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9517 FONTAINEBLEAU BLVD
SUITE 003
MIAMI, FL 33172

Mailing Address
9517 FONTAINEBLEAU BLVD
SUITE 003
MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11182005

Chg-P

CR2E034 (10/03)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, BELKYS
9517 FONTAINEBLEAU BLVD
SUITE 003
MIAMI, FL 33172

Name Marta Lopez

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

9517 Fontainebleau Blvd - Suite 003

City Miami

FL

Zip Code 33172

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

Marta Lopez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-18-2005

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARCIA, BELKYS ☒ Delete
STREET ADDRESS 9517 FONTAINEBLEAU BLVD SUITE 003
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME Marta Lopez ☐ Change ☒ Addition
STREET ADDRESS 9517 Fontainebleau Blvd suite 003
CITY-ST-ZIP Miami, FL 33172

TITLE ☒ Addition
NAME Silvio Hidalgo
STREET ADDRESS 9517 Fontainebleau Blvd Suite 003
CITY-ST-ZIP Miami, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Marta Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-2005

Date

Daytime Phone #

M. Williams NOV 21 2005