

2005 FOR PROFIT CORPORATION ANNUAL REPORT

2.

FILED

05 MAY 13 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000078319					
1. Entity Name TAMARA SILVA CONSTRUCTION, INC.					
Principal Place of Business 10648 4TH AVENUE OCOE, FL 34761			Mailing Address P.O. BOX 479 OCOE, FL 34761		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 32-0084270	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SILVA, TAMARA P.O. BOX 479 OCOE, FL 34761			Name _____ Street Address (P.O. Box Number is Not Acceptable) 200 16th Ave. City Ocoee FL 34761		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PRES	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TAMARA, SILVA PRES		NAME		
STREET ADDRESS	P.O. BOX 479		STREET ADDRESS		
CITY - ST - ZIP	OCOE, FL 34761		CITY - ST - ZIP		
TITLE	PRES	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Tamara Silva, Pres.		NAME		
STREET ADDRESS	200 16th Ave. Ocoee, FL 34761		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		
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 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 in an attachment with an address, with all other officers empowered.					
SIGNATURE: Tamara Silva			3/11/05 321-239 3013		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		