2004 FOR PROFIT CORPORATION INUAL REPORT

SIGNATURE:

Jul 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000149246** 07-19-2004 90003 009 ***150.00 TARBUSH TIGER, INC. Principal Place of Business Mailing Address 440 SE 6TH AVE 440 SE 6TH AVE 54063092 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-044274 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEREDITH, JACQUELINE 440 SE 6TH AVE 🦠 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33060 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees . , 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE Change Addition MEREDITH, JACQUELINE NAME NAME 440 SE 6TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

7-9.04

Afforhmate

STEPHEN M. GOLDING COMPANY, LTD. 2950 W. CYPRESS CREEK ROAD SUITE 102 FT. LAUDERDALE, FL 33309 954-545-6070 FAX 954-971-3393

July 14, 2004

TO.: FLORIDA DEPARTMENT OF STATE

RE: P03000149246

1 DID NOT RECEIVE THE ORIGINAL POSTCARD FOR FILING THE ANNUAL REPORT.

I AM ENCLOSING MY SIGNED ORIGINAL ANNUAL REPORT WITH A CHECK IN THE AMOUNT OF \$150.00, AS PER YOUR INSTRUCTIONS.

THANK YOU , JACQUELINE MEREDITH