

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90091 047 ***150.00

DOCUMENT # P04000040230

1. Entity Name
LIMA TAMBO IMPORT, INC.



Principal Place of Business
**1170 TURTLE CREEK DR
1110
NAPLES, FL 34110 US**

Mailing Address
**1170 TURTLE CREEK DR
1110
NAPLES, FL 34110 US**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0816578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COAYLA, MARIO R
1170 TURTLE CREEK DR
1110
NAPLES, FL 34110**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COAYLA, MARIO R 694 97TH AVE. N. NAPLES, FL 34108
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: Mario R Coayla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06
Date

Daytime Phone #