


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90079 021 ***150.00

DOCUMENT # P04000073891 1. Entity Name TAMIAMI 2 DEVELOPMENT CORP.					
Principal Place of Business 9725 SW 124 TERR MIAMI, FL 33176			Mailing Address 9725 SW 124 TERR MIAMI, FL 33176		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ESCOBAR, ALDO H 9725 SW 124 TERR MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SANDS, WARREN 7290 SW 104 ST MIAMI, FL 33156 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ESCOBAR, ALDO H 9725 SW 124 TERR MIAMI, FL 33176 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Aldo H Escobar</u> <u>Vice President</u>			<u>6/16/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

400000100



06172005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1200699** Applied For ☐ Not Applicable ☒

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

ATTACHMENT

40089130

P04000073891

June 16, 2005

Secretary of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL. 32314

Re: Tamiami 2 Development Corp.
9725 S.W. 124 Terrace
Miami, FL 33176

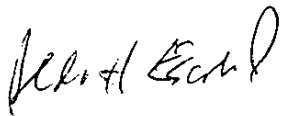
Gentlemen:

Enclosed is our 2005 For Profit Corporation Annual Report for the above together with the check for \$150.00 for payment of same.

Please note that we did not receive any notice with respect to the annual report and respectfully request that the penalty be abated.

Thanking you in advance we remain.

Truly Yours,



Aldo Escobar, Vice President