

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 15 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066849



09132005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1251564** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTANA, JUAN
19307 S.W. 65TH ST.
PEMBROKE PINES, FL 33332

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

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

(NOTE: Registered Agent signature required when reinstating)

09/12/05
DATE

FILE NOW!!! FEE IS \$150.00
Due by October 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE PD
NAME QUINTANA, JUAN ☐ Delete
STREET ADDRESS 19307 S.W. 65TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE TD
NAME SUAREZ, LIDIA ☐ Delete
STREET ADDRESS 19307 S.W. 65TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33332

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900059787069
09/20/05--01040--024 **158.75

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

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

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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:

(Signature and typed or printed name of signing officer or director)

09/12/05 (954) 839-0685
Date Daytime Phone

ATTACHMENT
50066849

September 13, 2005

Department of State
Division of Corporation.
P.O.BOX 6327
Tallahassee, Fl. 32314

SUBJECT 2,005, ANNUAL REPORT
Tainme S A INC
19307 S W 65 ST
Pembroke Pines, Fl 33332

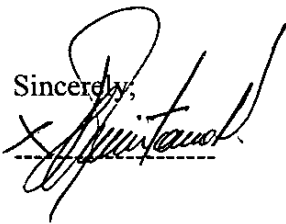
Document # P04000091869

We would like to inform the Department of Corporation that we have not received in time the **ANNUAL REPORT NOTICE** to update our corporation for the years 2,005. The address is the same

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise to explain as soon as posible the missing documents 2,005 Annual Report) .

We need your support and understanding. Thanks

Sincerely,

A handwritten signature in black ink, appearing to be "X. Quintana", written over a horizontal dashed line.