

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90123 025 ***150.00

DOCUMENT # P04000125384 1. Entity Name TIGER MONEY INVESTMENTS, INC.					
Principal Place of Business 2400 E COMMERCIAL BLVD SUITE 826 FT LAUDERDALE, FL 33308			Mailing Address 2400 E COMMERCIAL BLVD SUITE 826 FT LAUDERDALE, FL 33308		
2. Principal Place of Business 6550 N FEDERAL Suite, Apt. #, etc. SUITE 220 City & State FT LAUD FL Zip 33308 Country USA		3. Mailing Address 6550 N FEDERAL Suite, Apt. #, etc. SUITE 220 City & State FT LAUD FL Zip 33308 Country USA		30034113 	
02242005 Chg-P CR2E034 (10/03)				4. FEI Number 20-1800702	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W 2400 E COMMERCIAL BLVD SUITE 826 FT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name ROBERT W. FRAZIER JR Street Address (P.O. Box Number is Not Acceptable) 6550 N FEDERAL HIGHWAY SUITE 220 City FT. LAUD FL Zip Code 33308		
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD FRAZIER, ROBERT W JR ESQ 2400 E COMMERCIAL BLVD SUITE 826 FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD ROBERT W. FRAZIER JR 6550 N FEDERAL H220 FT. LAUDERDALE FL 33308 <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	
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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	
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: 			954-928-1800 Date _____ Daytime Phone # _____		