

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90064 025 ***150.00

DOCUMENT # P04000138621					
1. Entity Name TATICA INVESTMENT, INC					
Principal Place of Business 281 WEST 27 STREET HIALEAH, FL 33010			Mailing Address 281 WEST 27 STREET HIALEAH, FL 33010		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1715875	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAZ, MANUEL 281 WEST 27 STREET HIALEAH, FL 33010				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: DATE: 04/20/07 Signature, typed or printed name of registered agent also file if applicable. (NOTE: Registered Agent signature required when amending.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 ☐ Delete PAZ, PATRICIA 281 WEST 27 STREET HIALEAH, FL 33010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete GALL, VICTOR 281 W 27TH ST HIALEAH, FL 33010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Delete WAGNER, COREY 281 WEST 27 STREET HIALEAH, FL 33010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete GALL, SOFIA 281 W 27TH ST HIALEAH, FL 33010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete GUILLON, ADRIAN G 281 W 27TH ST HIALEAH, FL 33010				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUILLEN, ☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:			04/20/07 305-887-5811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		