

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142312

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: TAPADA INC.

## Current Principal Place of Business:

901 PONCE DE LEON BLVD STE 501  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

901 PONCE DE LEON BLVD STE 501  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-1889097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IRIONDO, ANDRES J  
901 PONCE DE LEON BLVD STE 501  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: IRIONDO, ANDRES J  
Address: 881 OCEAN DR #22B  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ST ( ) Delete  
Name: IRIONDO, ANDRES J  
Address: 881 OCEAN DR #22B  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: IRIONDO, ANDRES J  
Address: 881 OCEAN DR #22B  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP ( ) Change (X) Addition  
Name: MANUEL, DENNIS  
Address: 1300 S.E. 17 STREET. SUITE 210  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: DVP ( ) Change (X) Addition  
Name: ANTONIO, CARBONELL  
Address: 1300 S.E. 17 STREET. SUITE 210  
City-St-Zip: FT. LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES J IRIONDO

D

02/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date