

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90404 020 ***150.00

DOCUMENT # P04000156122 1. Entity Name TAN ETC., INC.					
Principal Place of Business P. O. BOX 260101 PEMBROKE PINES, FL 33026			Mailing Address P. O. BOX 260101 PEMBROKE PINES, FL 33026		
2. Principal Place of Business 12-24 9062 NW 148TH Terr.					
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI LAKES, FL.			4. FEI Number 20-2723369		
Zip 33016			Country USA		
6. Name and Address of Current Registered Agent PALOMINO, BARBARA 9062 NW 148TH TERR. MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name BARBARA PALOMINO Street Address (P.O. Box Number is Not Acceptable) 3301 SPANISH MOSS TERRACE, #311 City LAUDERHILL FL Zip Code 33319		
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: x 4/26/05 <small>(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	PD PALOMINO, BARBARA 9062 NW 148TH TERR. MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALOMINO, BARBARA 3301 SPANISH MOSS TERRACE, #311 LAUDERHILL, FL 33319	<input checked="" 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: x 4/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					