

Sent By: ;

3054441742;

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FILED
May 13, 2005 8:00 am
Secretary of State

04-14-2005 90094 047 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000166496			
1. Entity Name TAMARINDO INVESTMENTS, INC.			
Principal Place of Business 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		4. FEI Number	
03302005		Chg-P CR2E004 (10/03)	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐	
\$8.75 Additional Fee Required		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALBORNOZ, WILLIAM H ESQ 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134		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 _____			
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-filing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	0 FERRAZ, CARLOS JAVIER 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 authorized 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 employees.			
SIGNATURE: _____		4/6/05 444-1741	
Signature typed or printed name of officer or director			