

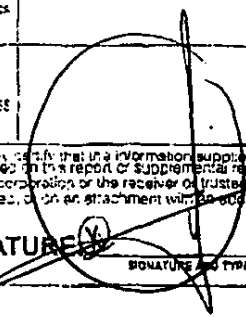
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Secretary of State

03-16-2006 90227 002 ***150.00

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**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000166496			
1. Principal 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 APPLIED FOR 20246518		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134		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 obligation of registered agent.			
SIGNATURE _____ DATE _____ Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 11	
TITLE D	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME FERRAEZ, CARLOS JAVIER		STREET ADDRESS 901 PONCE DE LEON BLVD STE 603	
STREET ADDRESS CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE	☐ Update	TITLE NAME	☐ Change ☐ Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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, and 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 		CARLOS FERRAEZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02/01/06 Office Phone # 011522288120361	