

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P05000012121**

1. Entity Name  
**TIDE'S MIAMI ENTERPRISES, INC.**



Principal Place of Business

**340 S. HIBISCUS DRIVE  
MIAMI BEACH, FL 33132 US**

Mailing Address

**340 S. HIBISCUS DRIVE  
MIAMI BEACH, FL 33132 US**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**



04282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2244002**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MEURRENS, EDIT  
340 S. HIBISCUS DRIVE  
MIAMI BEACH, FL 33132**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P
NAME	MEURRENS, EDIT
STREET ADDRESS	340 S. HIBISCUS DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33132
TITLE	S
NAME	MEURRENS, GUY
STREET ADDRESS	340 S. HIBISCUS DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000743222  
05/15/07-80098-010 150.00

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IN THIS SPACE**

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 305-604-9735  
Date Daytime Phone #