2007 FOR PROFIT CORPORATION: ANNUAL REPORT (AR)

## May 03, 2007 08:00 A Secretary of State DOCUMENT # P05000036594 TANGER IMPORT/EXPORT INC Principal Place of Business Mailing Address **25 NE 158 STREET 25 NE 158 STREET** N MIAMI FL 33162 N MIAMI FL 33162 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-1245031 Not Applicable $Z_{ip}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORREIA, CARLOS C Street Address (P.O. Box Number is Not Acceptable) 25 NE 158 ST N MIAMI FL 33162 FL 8. The above named only 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 Thegistered Agent signature required when reinstating? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. IIJU. ☐ Delete TITLE ☐ Change Addition CORREIA, CAROLS C NAMI. NAME U00000758078 25 NE 158 ST STREET ADDRESS STREET ADDRESS 05/23/07-80096-019 150.00 N MIAMI FL 33162 CHY-SI-7IP CHY-ST-7IP Ш. Delete 1111 Change Addition NAM NAM STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Change ☐ Delete THILE ■ Addition NAME STRECT ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STRELT ADDRESS CHY-ST-ZIP CHY-SI-7IP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-SI-/IP CHY-SI-7IP Mile ☐ Delete THEE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 04/16/07

305-44505

**FILED**