

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5. **FILED**
Aug 11, 2006 8:00 am
Secretary of State

05-01-2006 90453 047 ***150.00

DOCUMENT # P05000044559 1. Entity Name TAMZAN D. GUARINO P.A.					
Principal Place of Business 23046 LOOKDOWN LANE CUDJOE KEY, FL 33042 US			Mailing Address 23046 LOOKDOWN LANE CUDJOE KEY, FL 33042 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent GUARINO, TAMZAN D. 23046 LOOKDOWN LANE CUDJOE KEY, FL 33042				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-2553266	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUARINO, TAMZAN D 23046 LOOKDOWN LANE CUDJOE KEY, FL 33042	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: <u>Tamzan D. Guarino</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-25-1 305-797-6674 Date Daytime Phone #		

66022965



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