

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90120 025 ***158.75

DOCUMENT # P05000051335

1. Entity Name

TIGER-VAC USA, INC.



Principal Place of Business

2000 S OCEAN BLVD SUITE 10C
LAUDERDALE BY THE SEA FL 33062

Mailing Address

2000 S OCEAN BLVD SUITE 10C
LAUDERDALE BY THE SEA FL 33062

2. Principal Place of Business

SAME

3. Mailing Address

TIGER-VAC USA INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 2829

City & State

PLATTSBURGH, NY

Zip

Country

Zip

Country

12901-2829

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-2741527

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODIG, GREGORY J
100 W CYPRESS CREEK RD SUITE 700
FT LAUDERDALE FL 33309

Name ROCCO MARIANI

Street Address (P.O. Box Number is Not Acceptable)

2000 S OCEAN BLVD, SUITE# 10C

City

LAUDERDALE BY THE SEA

FL

Zip Code

33062

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

ROCCO MARIANI (OWNER)

MARCH 16, 2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME MARIANI, ROCCO
STREET ADDRESS 2000 S OCEAN BLVD SUITE 10C
CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33062

TITLE ☒ Change ☐ Addition
NAME MARIANI, ROCCO
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-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 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:

VITO R. MARIANI

VITO MARIANI (CONTROLLER)

03/16/06 (800) 668-4437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #