

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063768

FILED  
Apr 08, 2007  
Secretary of State

Entity Name: TAMAKOBY CORPORATION

## Current Principal Place of Business:

3202 COLWELLS AVE. #604  
TAMPA, FL 33614

## New Principal Place of Business:

13225 OLD FLORIDA CIRCLE  
HUDSON, FL 34669

## Current Mailing Address:

3202 COLWELLS AVE. #604  
TAMPA, FL 33614

## New Mailing Address:

13225 OLD FLORIDA CIRCLE  
HUDSON, FL 34669

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JACOBS, STEVEN  
Address: 4133 MURIEL PLACE  
City-St-Zip: TAMPA, FL 33614

Title: STD ( ) Delete  
Name: ENGEL, SHAUNA  
Address: 4133 MURIEL PLACE  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JACOBS, STEVEN  
Address: 13225 OLD FLORIDA CIRCLE  
City-St-Zip: HUDSON, FL 34669

Title: STD (X) Change ( ) Addition  
Name: JACOBS, SHAUNA  
Address: 13225 OLD FLORIDA CIRCLE  
City-St-Zip: HUDSON, FL 34669

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C. JACOBS

PD

04/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date