

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-20-2006 90199 047 ***150.00

DOCUMENT # P05000078378

1. Entity Name
TIARE ESTATES, INC.



Principal Place of Business
838 NE 40TH CT
OAKLAND PARK, FL 33334

Mailing Address
838 NE 40TH CT
OAKLAND PARK, FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2973002

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

DANCE, PAUL A
2663 E ABIACA CIRCLE
DAVIE, FL 33328

Name

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

City

FL

Zip Code

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 reappointing)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	MUENCH, MAY F	
STREET ADDRESS	838 NE 40TH CT	
CITY- ST- ZIP	OAKLAND PARK, FL 33334	
TITLE	VST	☐ Delete
NAME	MUENCH, KEVIN A	
STREET ADDRESS	838 NE 40TH CT	
CITY- ST- ZIP	OAKLAND PARK, FL 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
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CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

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 807, 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:

Kevin Muench *Kevin Muench*

4-8-06

Date

991-314-4450

Daytime Phone if