

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000078378

1. Entity Name
TIARE ESTATES, INC.



FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90190 035 ***150.00

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 - No P.O. Box #
720 N. FLAGLER DR

3. Mailing Address
720 N. FLAGLER DR.

Suite, Apt. #, etc.



04062007 Chg-P CR2E034 (12/06)

City & State
FT. LAUDERDALE, FL.

City & State
FT. LAUDERDALE, FL.

Zip
33304

Country
U.S.A.

Zip
33304

Country
U.S.A.

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

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

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
MUENCH, MAY F
838 NE 40TH CT
OAKLAND PARK, FL 33334**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VST
MUENCH, KEVIN A
838 NE 40TH CT
OAKLAND PARK, FL 33334**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #