

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088012

FILED
Mar 24, 2009
Secretary of State

Entity Name: TAVARES MANAGEMENT ENTERPRISES, INC.

Current Principal Place of Business:

310 CARRIAGE OAK PLACE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

310 CARRIAGE OAK PLACE
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 04-3677463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVARES, CARLOS M
310 CARRIAGE OAK PLACE
SEFFNER, FL 33584 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: P () Delete
Name: TAVARES, CARLOS M
Address: 310 CARRIAGE OAK PLACE
City-St-Zip: SEFFNER, FL 33584

Title: VP () Delete
Name: TAVARES, DANIEL M
Address: 2114 BERRY HILL CIR.
City-St-Zip: SMYMA, GA 30082

Title: T () Delete
Name: TAVARES, KEVIN J
Address: 2260 NEW HAMPTON DR.
City-St-Zip: SNELLVILLE, GA 30078

Title: S () Delete
Name: TAVARES, AMANDA M
Address: 2260 NEW HAMPTON DR.
City-St-Zip: SNELLVILLE, GA 30078

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS M TAVARES

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date