


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90027 041 ***150.00

DOCUMENT # P05000091288 1. Entity Name OZ. TAMIR INC					
Principal Place of Business 6637 SHADOW OAK LANE ORLANDO, FL 32809			Mailing Address 6637 SHADOW OAK LANE ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box # 5530 METRO WEST BLVD Suite, Apt. #, etc. 211 City & State ORLANDO FL Zip 32811			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country ORANGE		
4. FEI Number 20-3136413			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TAMIR, ORI 6637 SHADOW OAK LANE ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name TAMIR ORI Street Address (P.O. Box Number is Not Acceptable) 5530 METRO WEST BLVD APR 211 City ORLANDO FL Zip Code 32811		
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 X ORI TAMIR DATE X 3-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D <input type="checkbox"/> Delete TAMIR, ORI 6637 SHADOW OAK LANE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P-D TAMIR ORI 5530 METRO WEST BLVD APR 211 ORLANDO FL 32811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D <input type="checkbox"/> Delete TAMIR, ORI 6637 SHADOW OAK LANE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP TAMIR ORI 5530 METRO WEST BLVD APR 211 ORLANDO FL 32811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X ORI TAMIR			3-11-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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03052008 Chg-P CR2E034 (12/06)