

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90007 016 \*\*\*150.00

<b>DOCUMENT # P05000151259</b>																													
<b>1. Entity Name</b> TAMARA IMPORTS INC																													
<b>Principal Place of Business</b> 7847 LAKESIDE BLVD SUITE 1053 BOCA RATON, FL 33434 US			<b>Mailing Address</b> 168 JOSEPH AARON BLVD THORNHILL, ONTARIO CANADA, ON L4J 6C3 CA																										
<b>2. Principal Place of Business</b> 2854 Stirling Rd Suite, Apt. #, etc. SUITE I		<b>3. Mailing Address</b> 2854 STIRLING RD Suite, Apt. #, etc. SUITE I																											
<b>City &amp; State</b> Hollywood FL		<b>City &amp; State</b> Hollywood FL		<b>4. FEI Number</b> 20-3858618																									
<b>Zip</b> 33020		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> HAIT, AVIRAM 7847 LAKESIDE BLVD SUITE 1053 BOCA RATON, FL 33434			<b>7. Name and Address of New Registered Agent</b> Name: HAIT, AVIRAM Street Address (P.O. Box Number is Not Acceptable): 2854 STIRLING ROAD Suite I City: Hollywood FL Zip Code: 33020																										
<b>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.</b>																													
<b>SIGNATURE</b>		Aviram HAIT		3/31/06																									
(NOTE: Registered Agent signature required when reinstating)		DATE		FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00																									
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>10. OFFICERS AND DIRECTORS</b>																											
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<b>11. 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.</b>																													
<b>SIGNATURE:</b>		JUDITH HAIT PRESIDENT		3/31/06																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																									