


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158415- 1. Entity Name DHARMA TATTOO, INC.	
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FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 40 CURTISS PKWY MIAMI SPRINGS, FL 33166	Mailing Address 40 CURTISS PKWY MIAMI SPRINGS, FL 33166
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07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4197496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROCHE, HERLYS 630 SE 3RD PLACE HIALEAH, FL 33010
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IN THIS SPACE**

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.	U00000954346 07/11/08-80009-020 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME	P ROCHE, HERLYS
STREET ADDRESS CITY-ST-ZIP	630 SE 3RD PLACE HIALEAH, FL 33010
TITLE NAME	VP ROCHE, HERLYS
STREET ADDRESS CITY-ST-ZIP	630 SE 3RD PLACE HIALEAH, FL 33010
TITLE NAME	TREA ROCHE, HERLYS
STREET ADDRESS CITY-ST-ZIP	630 SE 3RD PLACE HIALEAH, FL 33010
TITLE NAME	SECR ROCHE, HERLYS
STREET ADDRESS CITY-ST-ZIP	630 SE 3RD PLACE HIALEAH, FL 33010
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>Herlys J. Roche</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7-8-08</u>	Daytime Phone # <u>786 337 8286</u>
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