




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 040 \*\*\*150.00

<b>DOCUMENT # P06000001511</b> 1. Entity Name <b>TANILAN SERVICES, INC</b>					
Principal Place of Business <b>8446 NW 103 ST., STE. D103 HIALEAH GARDENS, FL 33016</b>			Mailing Address <b>8446 NW 103 ST., STE. D103 HIALEAH GARDENS, FL 33016</b>		
2. Principal Place of Business - No P.O. Box # <b>12791 SW 256 TERRACE</b>		3. Mailing Address <b>12791 SW 256 TERRACE</b>			
Suite, Apt. #, etc. <b>HOMESTEAD</b>		Suite, Apt. #, etc. 			
City & State <b>HOMESTEAD, FLORIDA</b>		City & State <b>HOMESTEAD, FLORIDA</b>		4. FEI Number <b>20-4056944</b>	
Zip <b>33032</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, ALAIN B. 8446 NW 103 ST., STE. D103 HIALEAH GARDENS, FL 33016</b>			7. Name and Address of New Registered Agent Name <b>PEREZ, ALAIN B</b> Street Address (P.O. Box Number is Not Acceptable) <b>12791 SW 256 TERRACE</b> City <b>HOMESTEAD</b> <b>FL</b> Zip Code <b>33032</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.					
SIGNATURE  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, ALAIN B. 8446 NW 103 ST., STE. D103 HIALEAH GARDENS, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, ALAIN B 12791 SW 256 TERRACE HOMESTEAD, FLORIDA 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SARASOLA, TANIA 8446 NW 103 ST., STE. D103 HIALEAH GARDENS, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SARASOLA, TANIA 12791 SW 256 TERRACE HOMESTEAD, FLORIDA 33032	<input type="checkbox"/> Change <input checked="" 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
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.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					