

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90013 004 \*\*\*150.00

DOCUMENT # P06000103331

1. Entity Name  
TAIN-RAMIREZ, INC.



Principal Place of Business

13390 S.W. 66 STREET  
MIAMI, FL 33183 US

Mailing Address

13390 S.W. 66 STREET  
MIAMI, FL 33183 US

50001673



2. Principal Place of Business - No P.O. Box #

2000 N.W. 89 PL.

3. Mailing Address

2000 N.W. 89 PL.

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

US

Zip

33122

Country

US

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number

87-0778486

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAIN, FREDY  
13390 S.W. 66 STREET  
MIAMI, FL 33183

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME TAIN, FREDY  
STREET ADDRESS 13390 S.W. 66 STREET  
CITY-ST-ZIP MIAMI, FL 33183 ☐ Delete

TITLE V  
NAME TAIN, MARIA E  
STREET ADDRESS 13390 SW 66 ST  
CITY-ST-ZIP MIAMI, FL 33183 ☒ Delete

TITLE VT  
NAME RAMIREZ, DOUGLAS  
STREET ADDRESS 805 NW 126 PL  
CITY-ST-ZIP MIAMI, FL 33182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/08 3056399800