


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-14-2008 90015 038 ***150.00

DOCUMENT # P06000141543					
1. Entity Name TACHIRA SPORTS, INC.					
Principal Place of Business 520 BRICKELL KEY DR., STE. 0-203 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DR., STE. 0-203 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 5421 LAKE HOWELL RD		3. Mailing Address 5421 LAKE HOWELL RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State WINTER PARK FL		4. FEI Number APPLIED FOR 20-5879000	
Zip 32792-1033		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BODIN, GLORIA R. 2655 LEJEUNE RD., STE. 1001 CORAL GABLES, FL 33134			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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DS NAME VILCHEZ, PAULINA STREET ADDRESS 520 BRICKELL KEY DR., STE. 0-203 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE DS NAME Paulina Vilchez STREET ADDRESS 5421 Lake Howell Rd CITY-ST-ZIP WINTER PARK, FL 32792-1033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME RODRIGUEZ, RAIZA STREET ADDRESS 520 BRICKELL KEY DR., STE. 0-203 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE P NAME RODRIGUEZ RAIZA STREET ADDRESS 520 BRICKELL KEY DR. APT. 1115 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME HERNANDEZ, MANUEL STREET ADDRESS 520 BRICKELL KEY DR., STE. 0-203 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE VT NAME HERNANDEZ MANUEL STREET ADDRESS 520 BRICKELL KEY DR. APT. 1115 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" 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	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		