2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000093589								
1. Entity Nam CARMEN	I TARNAY, P.A.	-			2008	IPR 18 F	PM :	45
Principal Plac	e of Business	Mailing Address		-			- 4	
1124 S.W. 131 PLACE CIRCLE NORTH MIAMI, FL 33184		1124 S.W. 131 PLACE CIRCLE NORTH MIAMI, FL 33184			SECI TALL	RETARY O AHASSEE	FLO	Art. RIDA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008 (Chg-P	CR2E034 (1	2/06)	
City & State		City & State		4. FEI Number 26 - C	7514	17		lied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		┌ \$8.7	75 Addit Required	ional
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent					
TARNAY,		(0.0 B)						
1124 S.W. MIAMI, FL	131 PLACE CIRCLE NORTH 33184		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
		City			FL z	ip Code		
8. The above named only submits this statement for the propose 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. SIGNIATI HE TRAIN ANNA 4-17-08								
SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Rigistered Agent signature required when renstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHAP	IGES TO OFFIC	CERS AND DIRE	CTORS	IN 11
TITLE NAME	DP TARNAY, CARMEN	☐ Delete	TITLE NAME	A COV			hange	Addition
STREET ADORESS CITY-ST-ZIP	RESS 1124 S.W. 131 PLACE CIRCLE NORTH STRE			04/18/0	0101 0101	3361 0024	**15(0.00
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	•			Change	Addition
NAME STREET ADDRESS			name Street address					
CITY-ST-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		Detete	TITLE NAMÉ				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied with	this fiting does not qualify fo	CITY-ST-ZIP	ed in Chanter 119 Flori	ida Statutee 1 f	urther certify the	at the inf	ormation
12. Thereby certify that the information supplied with this fiting 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 attainment with an address, with an other like empowered.								
SIGNATURE: armen 2 Jamas 4-17-08.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Phone #								
		/			• • • • • • • • • • • • • • • • • • • •			