

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077639

FILED
Mar 31, 2009
Secretary of State

Entity Name: TALLAWAH MENTO BAND, INC.

Current Principal Place of Business:

9608 NW 49TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9608 NW 49TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-3256323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREMIER FINANCIAL SERVICES GRP, INC
8495 W COMMERCIAL BLVD
TAMARAC, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, COLIN
Address: 9608 NW 49TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: GRANT, JENNIFER
Address: 20304 NW 27TH COURT
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: DARBY, PERCIVAL
Address: 8710 SW 190TH STREET
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: POWELL, TRESHA
Address: 18848 40TH RUN N.
City-St-Zip: LOXAHTCHEE, FL 33470

Title: VP () Delete
Name: SMITH, ERROL
Address: 3161 NW 47TH TERR BLDG \$3 APT#201
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP () Delete
Name: ALLEN, VINCENT
Address: 902 NE 209TH STREET APT#104
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN SMITH

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date