

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000100638

Entity Name: TAMEGA INC.

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2739 SE EAGLE DR  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8893  
PORT ST LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 45-4069312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, MARIA L  
2739 SE EAGLE DR  
PORT ST LUCIE, FL 34984 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVA, FERNANDO  
Address: 2739 SE EAGLE DR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP  
Name: SILVA, MARIA L  
Address: 2739 SE EAGLE DR  
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: MARIA L. SILVA

TRES

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date