

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017822

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** TALANA FISHER, INC.

**Current Principal Place of Business:**

1441 BRICKELL AVE STE 1400  
MIAMI, FL 33131

**New Principal Place of Business:**

2444 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

1441 BRICKELL AVE STE 1400  
MIAMI, FL 33131

**New Mailing Address:**

C/O ROBERT ALLEN LAW  
1441 BRICKELL AVE STE 1400  
MIAMI, FL 33131

**FEI Number:** 65-0407707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT ALLEN LAW  
1441 BRICKELL AVE STE 1400  
MIAMI, FL 33131 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: DPS ( ) Delete  
Name: APPOLINARIO, JOAO B  
Address: 1441 BRICKELL AVE STE 1400  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOAO APPOLINARIO

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04/30/2008

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

\_\_\_\_\_ Date