


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90002 025 ***150.00

DOCUMENT # P93000080164

1. Entity Name
TUMAK INC.



Principal Place of Business
 764 N.W. 119TH STREET
 MIAMI, FL 33169

Mailing Address
 P O BOX 174062
 HIALEAH, FL 33017 US

34058509



05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0434283

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAKINDE, TUSIN
~~4981 N.W. 163RD STREET~~
#402
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

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 Tusin Makinde [Signature] 5/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAKIMDE, TUSIN
STREET ADDRESS	701 N.W. 214TH ST. #512
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	MAKIMDE, TEMITOPE
STREET ADDRESS	18800 N.W. 2ND AVE. #219
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	MAKIMDE, MOJISOLA
STREET ADDRESS	498 NW 165TG #506
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Tusin MAKINDE 5/1/04 (305) 7692566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Attachments P93000090164

54058509

NOTE

This information was printed from the Internet. I did not receive the original documents.

I don't know why. Please do not penalize me. I did not receive the original annual report.

Thanks,

Tennak