


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

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
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07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0434283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	MAKMIDE, 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

000000573975
 08/09/06-80006-003 150.00

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/21/06**
 Daytime Phone #: **(305) 769-2566**