


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P93000087152	
1. Entity Name TIGER EYE INTERNATIONAL CORP.	

Principal Place of Business 10155 COLLINS AVE. UNIT 303 MIAMI BEACH, FL 33154 US	Mailing Address 10155 COLLINS AVE. UNIT 303 MIAMI BEACH, FL 33154 US
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0455892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAIA, ALDO RAFAEL A
10155 COLLINS AVE
303
MIAMI BEACH, FL 33154

**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
After May 1, 2008 Fee will be \$550.00**

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

1000000902829
04/30/08-80021-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAIA, SUMAIA 10155 COLLINS AVE #301 MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD RAIA, ALDO RAFAEL A 10155 COLLINS AVE #301 MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAIA, SAMAIA L 10155 COLLINS AVE #301 MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **04/10/2008**

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