## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 09, 2004 8:00 am DOCUMENT # P94000000991 **Secretary of State** 1. Entity Name 03-09-2004 90046 013 \*\*\*150.00 TANNER VALLEY, INC. Mailing Address Principal Place of Business TWELVE FIFTY EAST BUILDING SUITE 402 TWELVE FIFTY EAST BUILDING SUITE 402 1250 EAST HALLANDALE BEACH BLVD 1250 EAST HALLANDALE BEACH BLVD HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-1993182 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AND ASCOCIATES Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA SUITE 900 **MIAMI FL 33131** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition PD TITLE TIΠF ☐ Delete JESHURUN, FANI NAME NAME STREET ADDRESS STREET ADDRESS % 1250 E. HALLANDALE BEACH BLVD., #402 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP **D**elete Change Addition TITLE NAME KUNDA, MENACHEM NAME % 1250 E. HALLANDALE BEACH BLVD., #402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE ZIMAND, HENRITT NAME STREET ADDRESS % 1250 E. HALLANDALE BEACH BLVD., #402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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, will all other like empowered.

FILED