


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90051 050 ***150.00

DOCUMENT # P94000031566		
1. Entity Name THE TAMARA PEACOCK COMPANY		

Principal Place of Business 100 S.E. 3RD AVENUE SUITE 132 FORT LAUDERDALE, FL 33394 US	Mailing Address 100 S.E. 3RD AVENUE SUITE 132 FORT LAUDERDALE, FL 33394 US
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40068125



2. Principal Place of Business - No P.O. Box # 1263 EAST LAS OLAS BLVD	3. Mailing Address 1263 EAST LAS OLAS BLVD
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33301	Country USA

03052008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0489744	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PEACOCK, TAMARA 100 S.E. 3RD AVENUE, SUITE 132 FORT LAUDERDALE, FL 33394	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEACOCK, TAMARA 100 S.E. 3RD AVENUE, SUITE 132 FORT LAUDERDALE, FL 33394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PEACOCK, TAMARA 100 SE 3RD AVE, STE 132 FORT LAUDERDALE, FL 33394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *TAMARA PEACOCK* **TAMARA PEACOCK, PRESIDENT** Date **4/08/08** Daytime Phone **(954) 728-8000**