

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000093848

1. Entity Name

TAMARAC BUSINESS CENTER, INC.



Principal Place of Business

**2005 W. CYPRESS CREEK RD.
SUITE 202
FT. LAUDERDALE, FL 33309 US**

Mailing Address

**2005 W. CYPRESS CREEK RD.
SUITE 202
FT. LAUDERDALE, FL 33309 US**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0559515

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLLAND, MICHELLE
150 W FLAGLER ST
2200 MUSEUM TOWER
MIAMI, FL 33130**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

BUTTERS, NATHAN

STREET ADDRESS

2005 W. CYPRESS CREEK RD., SUITE 202

CITY-ST-ZIP

FT. LAUDERDALE, FL

TITLE

D

NAME

BUTTERS, SAMUEL

STREET ADDRESS

2005 W. CYPRESS CREEK RD., SUITE 202

CITY-ST-ZIP

FT. LAUDERDALE, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000499573
04/24/06-80036-009 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N Butters

4/5/06

Date

954-771-5056

Daytime Phone #