
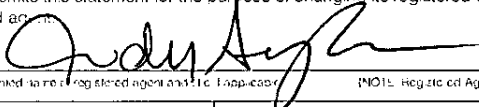


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90013 015 ***150.00

DOCUMENT # P96000045662 1. Entity Name TAMIAMI ENTERPRISES, INC.					
Principal Place of Business 3522 SE 22ND AVE. CAPE CORAL, FL 33962			Mailing Address 1229 SW 21ST TERR CAPE CORAL, FL 33991 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 18100 MORNING STAR LANE Suite, Apt. #, etc.			
City & State CAPE CORAL FL		4. FEI Number 65-0696882			
Zip 33993		Country US			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JUDY SYLVIA 1229 SW 21ST TERRACE CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name: JUDY SYLVIA Street Address (P.O. Box Number is Not Acceptable): 18100 MORNING STAR LANE CAPE CORAL FL 33993		
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: 			DATE: 2/18/04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENNE, WOLFGANG AHORNWEG 58, D-71155 ALTDORF, GERMANY.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENNE, TRUDE AHORNWEG 58, D-71155 ALTDORF, GERMANY.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENNE, TRUDE AHORNWEG 58, D-71155 ALTDORF, GERMANY.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENNE, TRUDE AHORNWEG 58, D-71155 ALTDORF, GERMANY.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENNE, TRUDE AHORNWEG 58, D-71155 ALTDORF, GERMANY.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENNE, TRUDE AHORNWEG 58, D-71155 ALTDORF, GERMANY.	<input type="checkbox"/> Delete			
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 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: 			DATE: 2/18/04		