

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90326 031 ***150.00

DOCUMENT # P96000045662

1. Entity Name
TAMIAMI ENTERPRISES, INC.



Principal Place of Business
**3522 SE 22ND AVE.
CAPE CORAL, FL 33962**

Mailing Address
**18100 MORNING STAR LANE
CAPE CORAL, FL 33903 US**

14000847



2. Principal Place of Business
3522 S.E. 22ND AVE.

3. Mailing Address
3522 S.E. 22ND PLACE

Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State
CAPE CORAL, FL.

City & State
CAPE CORAL, FL.

Zip
33904 Country
USA

Zip
33904 Country
USA

4. FEI Number
65-0696882

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JUDY SYLVIA
18100 MORNING STAR LANE
CAPE CORAL, FL 33993**

7. Name and Address of New Registered Agent
Name
Donald Wallace
Street Address (P.O. Box Number is Not Acceptable)
3522 SE 22nd Place
City
Cape Coral FL Zip Code
33904

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 **Donald Wallace** DATE **4-21-2005**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 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: **Wolfgang Henne** DATE **4-21-2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR