

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000052744

1. Entity Name
TADEL INVESTORS, INC.



Principal Place of Business

2300 CORAL WAY
SUITE 111
MIAMI, FL 33145

Mailing Address

2300 CORAL WAY
SUITE 111
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0673337

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY SUITE 103
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200035794872
05/10/04--01024--021 **158.75

City

FL

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARREA, LINDA E	
STREET ADDRESS	2300 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA C	
STREET ADDRESS	2300 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, VIVIAN	
STREET ADDRESS	2300 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 MAY -3 AM 11:14

TALLAHASSEE, FLORIDA



4/29/04

4/27/04 (305) 854-1040