

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 011 ***150.00

DOCUMENT # P96000055157

1. Entity Name
TENDRICH INVESTMENTS CORP.



Principal Place of Business 1402 DEVONSHIRE WAY #1402 PALM BEACH GARDENS, FL 33418	Mailing Address 1402 DEVONSHIRE WAY #1402 PALM BEACH GARDENS, FL 33418 US
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2. Principal Place of Business - No P.O. Box # 1601 Belvedere Road	3. Mailing Address 1601 Belvedere Road
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Suite, Apt. #, etc. Suite 407 South	Suite, Apt. #, etc. Suite 407 South
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City & State West Palm Beach, FL	City & State West Palm Beach, FL
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Zip 33406	Country USA	Zip 33406	Country USA
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02142007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0694714	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

**STEVEN TENDRICH
1601 BELVEDERE RD
SUITE 407
WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME TENDRICH, SAM A	
STREET ADDRESS 1402 DEVONSHIRE WAY #1402	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	

TITLE S	<input type="checkbox"/> Delete
NAME WAYNER, ARLYNE R	
STREET ADDRESS 4601 PONCE DE LEON SUITE 310	
CITY-ST-ZIP CORAL GABLES, FL 33146	

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

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

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 P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Steven Tendrich	
STREET ADDRESS 1601 Belvedere Road, Suite 407 South	
CITY-ST-ZIP West Palm Beach, FL 33406	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 4111 BATTERSEA ROAD	
CITY-ST-ZIP Miami, FL 33133	

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 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 PRES. 2-1407 561-689-6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #