

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000061291

1. Corporation Name

TIGGER HOLDINGS CORP.

Principal Place of Business

Mailing Address

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90216 013 \*\*\*150.00



17820 S DIXIE HWY 17820 S DIXIE HWY					
MIAMI FL 33157   MIAMI FL 33157   US   US   US   US   US   US   US   U					DO NOT WRITE IN THIS SPACE
00					3. Date Incorporated or Qualifed 07/22/1996
Principal Place of Business     2a. Mailing Address				• • • • •	4. FEI Number Applied For
21 13480 SW 2+857 28 PO BOX			x Y	2411	65-0681539 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State	City & State  28 M A M			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip 3 3092 Country Zip 33092 30			Cour 30	itry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
A	DDW 44TON		ĺ	81 Name	
SVADBIK, ANTON				82 Street A	ddress (P.O. Box Number is Not Acceptable)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33157				83	
				84 City	MIAMI FL 85 75 COOP 2
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	ove-named c	corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	r Flonda. Such change was aut ons of, Section 607.0505, Flori	inorizea da Statu	les.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	11/1/2011	allel		ANT	ON SVADBIK 4-21-99
SIGNATURE	Signature, typed or printed name of registered agent			Agent signature re	quired when reinstailing)
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 1111	ì	☐ Change ☐ Addition
NAME	SVADBIK, ANTON		1.2 NA	1	
STREET ADDRESS			1.3 STF	REET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	□ berete	_	Y-ST-ZIP	☐ Change ☐ Additio
TITLE		☐ DELETE	2.1 1111	İ	
NAME			2.2 NA	\ \	
STREET ADDRESS			1	REET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETÉ	3.1 7(11)	1	Change Z Addisc
NAME			3.2 NA	1	
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP		O RELETE	_	TY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TIII	1	Country
NAME	)		4. 2 NA	!	
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP		רו חבו כדב		Y-ST-ZiP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TIT		☐ Criange ☐ Modula
NAME			5.2 NA	REET ADDRESS	
STREET ADDRESS				Y-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 T/T		☐ Change ☐ Addition
TITLE			6.2 NA	1	Country Change
NAME				REET ADORESS	
STREET ADDRESS				1	
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y-ST-ZIP	

14. 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 annual report or supplemental annual 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 Epsiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)