## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000084748

FILED Apr 19, 2007 Secretary of State

Entity Name: TIBIRI TABARA, INC.		
Current Principal Place of Business:	New Principal Place of Business:	
1950 SE PORT ST LUCIE BLVD 204 PORT SAINT LUCIE, FL 34952	1962 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952	
Current Mailing Address:	New Mailing Address:	
606 SE HARBORVIEW DR PORT ST. LUCIE, FL 34983	238 SW RIDGECREST DRIVE PORT ST. LUCIE, FL 34953	
FEI Number: 65-0707540 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:	
CALA, DIONISIO 606 SE HARBOR VIEW DR. PORT ST. LUCIE, FL 34983 US	CALA, DIONISIO 238 SW RIDGECREST DRIVE PORT ST. LUCIE, FL 34953 US	
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.		
SIGNATURE: DIONISIO CALA	04/19/2007	
Electronic Signature of Registered Agent	Date	
Election Campaign Financing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title:         P ( ) Delete           Name:         CALA, ROSA G           Address:         606 SE HARBORVIEW DRIVE           City-St-Zip:         PORT SAINT LUCE, FL 34983	Title: P (X) Change ( ) Addition  Name: CALA, ROSA G  Address: 238 SW RIDGECREST DRIVE  City-St-Zip: PORT SAINT LUCE, FL 34953	
Title: ( ) Delete Name: Address: City-St-Zip:	Title: S ( ) Change (X) Addition  Name: DIONISIO, CALA  Address: 238 SW RIDGECREST DRIVE  City-St-Zip: PORT SAINT LUCIE, FL 34953	
Title: ( ) Delete Name: Address: City-St-Zip:	Title: VP ( ) Change (X) Addition Name: DIONISIO, CALA Address: 238 SW RIDGECREST DRIVE City-St-Zip: PORT SAINT LUCIE, FL 34953	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIONISIO CALA	S	04/19/2007
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