

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084748

Entity Name: TIBIRI TABARA, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1962 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

238 SW RIDGECREST DR.
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

238 SW RIDGECREST DRIVE
PORT ST. LUCIE, FL 34953

New Mailing Address:

238 SW RIDGECREST DR.
PORT SAINT LUCIE, FL 34953

FEI Number: 65-0707540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALA, DIONISIO
238 SW RIDGECREST DRIVE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALA, ROSA G
Address: 238 SW RIDGECREST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: DIONISIO, CALA
Address: 238 SW RIDGECREST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Delete
Name: DIONISIO, CALA
Address: 238 SW RIDGECREST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALA, DIONISIO
Address: 238 SW RIDGECREST DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date