


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000048969 1. Entity Name TANMAR INVESTMENTS, INC. |  |
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| Principal Place of Business 25 SECOND STREET NORTH #210 SAINT PETERSBURG, FL 33701 | Mailing Address 25 SECOND STREET NORTH #210 SAINT PETERSBURG, FL 33701 |
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3503043 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**AVIRAM, TAL
25 SECOND STREET NORTH #210
SAINT PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000684417 04/06/07-80031-012 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AVIRAM, JIMMY 970 MONTE CRISTO TIERRA VERDE, FL 33715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AVIRAM, HAI 970 MONTE CRISTO TIERRA VERDE, FL 33715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO AVIRAM, MEIRAV 970 MONTE CRISTO TIERRA VERDE, FL 33715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AVIRAM, RAVIT 970 MONTE CRISTO TIERRA VERDE, FL 33715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AVIRAM, TAL 970 MONTE CRISTO TIERRA VERDE, FL 33715 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:  **3/26/07 727 8034370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #