FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT # P97000093987					Secretary of State 05-14-2002 90070 006 ***150.00	
. Limity INC	TAMJO, INC.		•		03-14-2002 9007	0.000 * ***150.00
	TANOO TWC.					
DO NOT WRITE IN THIS SPACE					656745	
2. Principal	Place of Business	2 Mailing Address	h h h			• • • •
2. Principal Place of Business 3. Mailing Address 390 STRASBURG DRIVE 390 STRASBUR			DRIVE			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & Sta	ate	City & State		4. FEIN	lumbor	
PT. CHARLOTTE, FL		PT. CHARLOTTE, FL		4. (-)	65-0789921	Applied For Not Applicable
Zip Country 33954		Zip	Zip Country 33954		ficate of Status Desired	\$8.75 Additional
	<u>'</u>	122324			and Address of Current Regis	Fee Required
	DO NOT U	Name FONFARA THEODORE				
	DO NOT W	· · · · · · · · · · · · · · · · · · ·	Street Address (P.O. Box Number is Not Acceptable) 390 STRASBURG DRIVE			
	IN THIS SI	PACE		JU JIKA	SPOKE DKIVE	
			City	· · · · · · · · · · · · · · · · · · ·		
8 The above	named ontibus thereis this state and		(' P	ORT CHA		FL Zip Code 33954
o. The above	e named entity submits this statement f	or the purpose of changing its re 	egistered office or reg	istered agent, o	or both, in the State of Florida.	
SIGNATURE			."		,	
	Signature, typed or printed name of registered agen		Registered Agent signature re		og) DA	TE .
Tax filling requirement and elects to do so. (See criterizen back) Amended			y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 to Department of	ee is \$550.00 10. Election Campaign Financing		
11.	OFFICERS AND	DIRECTORS		0.010		
TITLE - NAME	JPSTD Fonfara, Theodor	-	TITLE			
STREET ADDRESS	390 STRASBURG DR	E IVE	NAME STREET ADDRESS	r		
CITY-ST-ZIP	PORT CHARLOTTE,	FL 33954	CITY-ST-ZIP			
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STREET ADDRESS			NAME STREET ADDRESS		r	**
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CITY-ST-ZIP	_		STREET ADDRESS CITY-ST-ZIP			İ
13. I hereby ce	ertify that the information supplied with	this filing does not qualify for the	3 1	Section 119 07	(3)(i) Florida Statutos I further of	portification to be information.

13. I hereby certify that the information supplied with his 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

941.627 1309

Daytime Phone #