FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P 99000040748

1. Entity Name

TANI CORPORATION

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CR2E034B (5/07) 9/250M

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14619 SW 42 STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLA.	City & State
Zip: 33175 Country: U.S.A.	Zip Country

4. FEI Number: 65-0935583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ANTHONY VALDES

Street Address (P.O. Box Number is Not Acceptable): 13851 SW 36 STREET

City: MIAMI FL Zip Code: 33175

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: A Valdes 08-20-13

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANTHONY Valdes
STREET ADDRESS	13851 SW 36 ST.
CITY-ST-ZIP	MIAMI, FL. 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/19/13--01016--001 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: A Valdes - Anthony Valdes 08-20-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #