FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P99000040748

1. Entity Name

TANI CORPORATION

FILED
13 AUG -2 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (5/07) 9/250M

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	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500251886115
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 #