2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

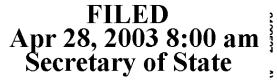
DOCUMENT # 1. Entity Name

P99000043754

TAVIN, INC.



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



04-28-2003 90298 005 ***150.00

Principal Place of Business 521 LAKE AVENUE. STE. 11 521 LAKE WORTH FL 33460 Mailing Address 521 LAKE AVENUE. STE. 11 LAKE WORTH FL 33460									
Principal Place of Business 3. Mailing Address		s					DINI Cit i Idei		
Suite, Apt. #, etc. Suite, Apt. #, etc.		C.			CHECK HERE IF MAKING CHANGES				
City & State City & State					Number 65-0934618	———·	pplied For		
Zip Country Zip		Coun	Country		5. Certificate of Status Desired See Required				
	6. Name and Address of Curi	rent Registered Agent			7. Nam	e and Address of New Reg	ı ı		
·				Name		····			
	RG, EUGENE M			Street Address (P.O. Box Number is Not Acceptable)					
	AVENUE, STE. 11 RTH FL 33460								
LAIL HO				City			□ Zip Cod	le .	
				,			<u> </u>		
	named entity submits this stateme ions of registered agent.	nicionale purpose of chan	ging its registere	ed onice or regis	stejed agent,	or both, in the State of Florid	a. Tanrianillai wiiri,	and accept	
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstati	ing)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen					9. Election Campaign Finan Trust Fund Contribution.	· _ ++	00 May Be d to Fees	
10.		ND DIRECTORS	11.		ADDITI	ONS/CHANGES TO OFFICE	RS AND DIRECTOR	IS IN 11	
TITLE , , , , , , , , , , , , , , , , , , ,	PTD MAYO, GUSTAVO P 325 MARYLAND DRIVE LAKE WORTH FL 33460	☐ Dele	NAM STRE				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYO, GRETA M 325 MARYLAND DRIVE LAKE WORTH FL 33460	□ Dele	NAMI STRE		name to ten . Am		☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Dele	NAMI STRE	- 1	1	The state of the s	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAME STRE				Change	Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP		□ Delet	NAME STRE	l l			☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	ertify that the information supplied	☐ Delet	NAME Strei City-	ET ADDRESS ST-ZIP	`		☐ Change	☐ Addition	

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: