## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2008 8:00 am Secretary of State

DOCUMENT # P9900065066  1. Entity Name TAGO CORP.				01-31-2008 90016 041 ***150.00					
Principal Place 11270 SW 13 MIAMI, FL 33	37TH AVENUE	Mailing Address 11270 SW 137TH AVENUE MIAMI, FL 33186	. /			- 110 - 11110   11110   11111	<b>     </b>	Bilbl Bilin Beil	E SIIIE SIKKEDLALANDA
D	O NOT WRITE I	N THIS SPA	CE		01172008			R2E034 (1	
				x ·		41882 te of Status De	esired [		Not Applicable  75 Additional Required
	6. Name and Address of Current Regi	stered Agent	-		aparent.	*	· •	7 60 1	veduned
	ADRIANA C 137TH AVENUE 33186				1	NOT THIS			
	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or	register	ed agent, or t	ooth, in the Sta	te of Florida.	I am famili	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and bits	s if applicable. (NOTE: Registere	ed Agent signatu	periuper ero	when reinstating)			DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		<b>\$5.</b> Adde	00 May Be ed to Fees				
10.	OFFICERS AND DIRE	CTORS	4	1	<u> </u>	3 2 t g	• 1	Charles	.7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TAMAYO, ADRIANA C 8420 SW 133RD AVE RD #302 MIAMI, FL 33183				. (		And the second of the second o	er Historia Paragraphia Karagan	ς <sub>γ.</sub> ~ <del>ju</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GOMEZ, MARIA V 1228 SW 7TH ST #3 MIAMI, FL 33135		***	, / जो -		<i>y</i> → <u>:</u> ,	N.		By Arrange Company
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DC	NOT	WR	ŢΕ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS	SPA	CE	
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TITLE NAME STREET ADDRESS : CITY-ST-ZIP					9° ° 7° 8°	e de la companya de l	# # * * * * * * * * * * * * * * * * * *	33 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
indicated of the corp	erify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	and accurate and that my signa ad to execute this report as requi	ture shall ha	ave the s	same legal eff	ect as if made	under oath; t	hat I am an	officer or director
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIRECT	TOR			1 - 2 C	-08.	Daytime I	Phone #