2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P99000087425 1. Entity Name TARA FOODS, INC.								03-18-2	2005 900	52 024	***150	0.00	
Principal Plac	e of Busines	s	Mailing Addr	ess									
515 S. BELC			5620 MISSOURI AVE.										
CLEARWATER	R, FL 33764	4	NEW PORT	NEW PORT RICHEY, FL 33652									
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2. Principal P	lace of Busin	ness	3. Mailing Ad	dress									
			5320	main	St					15 IB(LEBJJ B			
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			03072005	Chg-P		R2E034	(10/03)		
City & Stot	<u> </u>		City & State	•							· · ·		
City & State			NPR FL			4. FEI Number Applied For 59-360.1122 Not Applicable							
Zip		Country	Zip	, _	Country					¬ \$8	3.75 Add		
		·	3465		Pasco		5. Certifica	te of Status De	isirea [e Require		
	6. Name	and Address of Current	t Registered Age	nt			7. Name ar	d Address of	New Regis	tered Age	ent	····	
ALTMAN.	DETED A				Name			1					
5620 MISS					Street A	Street Address (P.O. Box Number is Not Acceptable)							
NEW POR	RT RICHE	Y, FL 34652										·····	
					City					FL	Zip Cod	le	
8. The above	named entit	y submits this statement for	or the purpose of	changing its re	aistered office or	r registere	d agent, or b	oth, in the Sta	te of Florida	1	niliar with.	and accept	
the obligat	tions of regist	tered agent.		3.5	•		-						
SIGNATURE.													
oldin tone.	Signature, typed	or printed name of registered agen	t and title if applicable.	(NOTE: R	legistered Agent signat	rure required	when reinstating)			DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.													
			i			\$5. (Adde	00 May Be d to Fees				•	-	
			.00 Trus			\$5. 6 Adde	d to Fees	S/CHANGES	TO OFFICER	IS AND DI	IRECTOR:	- S IN 11	
. After Ma		5 Fee will be \$550.	DIRECTORS		ution.	\$5.0 Adde	d to Fees	S/CHANGES	TO OFFICER		RECTOR:	S IN 11	
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inclicated 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DIRECTOR) 2/15/05 (727)514/030