



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S10556</b>			
1. Entity Name <b>TACOLCY PROPERTY MANAGEMENT CORPORATION</b>			
Principal Place of Business <b>675 NW 56TH ST BLDG C MIAMI, FL 33127</b>		Mailing Address <b>675 NW 56TH ST BLDG C MIAMI, FL 33127</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01192007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0248449</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>GARDNER, CAROL 675 NW 56TH STREET BUILDING C MIAMI, FL 33127</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>1000000803458 01/29/07-80014-010 158.75</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C FLORENCE, MOSES 675 NW 56TH STREET, BUILDING C MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP KELLY, ANGELA R 675 NW 56TH STREET, BUILDING C MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P GARDNER, CAROL 675 NW 56TH STREET, BUILDING C MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S NEMROD, CHERYL H 675 NW 56TH STREET, BLDG. C MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Carol Gardner</i> <b>CAROL GARDNER</b>		<b>1/22/07 305-757-3737</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	