## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #S17815 06 JUN 12 PM 3: 19 MIAMI TU TU TANGO CORP. Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET SUITE 203 **SUITE 203** MIAMI, FL 33133 US MIAMI, FL 33133 2. Principal Place of Business 3059 Grand Avenue 3. Mailing Address 3059 Grand Avenue Suite, Apt. #, etc. Suite 410 Suite, Apt. #, etc. Suite 410 06082006 Chg-P CR2E034 (11/05) City & State Miami, FL City & Slate 4. FEI Number Applied For Miami, FL 65-0238896 Not Applicable Zip Country Country 33133 \$8.75 Additional 5. Certificate of Status Desired 33133 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER WEISSLER, STEARNS MILLER Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER STREET, SUITE 2200 C/O RICHARD E. SCHATZ MIAMI, FL 33130 Zip Code City 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. Signature, typed or printed name of conistored angree and title ill applicable (NOTE: Registered Agent signature required when reinstating DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 6, 2006 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD TITL F ☐ Delete NAME WEISER, BRADLEY A. NAME Weiser, Bradley A. 3250 MARY STREET SUITE 203 STREET ADDRESS STREET ADDRESS 3059 Grand Avenue, Suite 410 CITY-ST-ZIP MIAMI, FL 33133 CITY+ST-7/P Miami FL 33133 TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 1000761099cm - Addison 06/12/06--01018--020 \*\*150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete រាក គ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Detete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 piner like empowered. red les M. Weiser SIGNATURE: \_



FILED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA