


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90106 043 \*\*\*150.00

<b>DOCUMENT # S51489</b> 1. Entity Name TAGIDE PROPERTIES, INC.					
Principal Place of Business 1395 BRICKELL AVE. FOURTH FLOOR MIAMI, FL 33131 US			Mailing Address 1395 BRICKELL AVE FOURTH FLOOR MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0268643	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE STEWARD LAW FIRM 1395 BRICKELL AVE. SIXTH FLOOR MIAMI, FL 33131				Name <u>Robert W. Stewart, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1800 Old Cutler Road</u> <u>Suite 600</u> City <u>MIAMI</u> FL    Zip Code <u>33157</u>	
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 <u>Robert W. Stewart, PRES</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4.23.08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, ROBERT W. 1395 BRICKELL AVE., STE. 430 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stewart, Robert W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Old Cutler Rd Ste 600 Miami, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POPPE, NUNO 1395 BRICKELL AVE. MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALESTRA, VICTOR C 1395 BRICKELL AVE. MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORTH, MARK 1395 BRICKELL AVENUE MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-18-08</u> Daytime Phone # <u>305 539 770</u>		