

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/31

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-03-2005 90133 025 ***150.00

DOCUMENT # S56164

1. Entity Name
TARA U.S.A., INC.



Principal Place of Business

% SIMON CAYOUE
10001 W ATLANTIC BLVD
CORAL SPRINGS, FL 3306571

Mailing Address

% SIMON CAYOUE
10001 W ATLANTIC BLVD
CORAL SPRINGS, FL 3306571

66021347



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0264837

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAYOUE, SIMON
10001 W ATLANTIC BOULEVARD
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CAYOUE, SIMON
STREET ADDRESS 521 N RIVERSIDE DRIVE, #309
CITY-ST-ZIP POMPANO BEACH, FL

TITLE VD
NAME CAYOUE, PAULINE
STREET ADDRESS 521 N RIVERSIDE DRIVE, #309
CITY-ST-ZIP POMPANO BEACH, FL

TITLE STD
NAME CAYOUE, PAULINE
STREET ADDRESS 521 N RIVERSIDE DRIVE, #309
CITY-ST-ZIP POMPANO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/05 954-341-4437

Date

Daytime Phone #