


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-30-2007 90010 032 ***158.75

| | |
|--|---|
| DOCUMENT # S73511 1. Entity Name TALLARD TECHNOLOGIES, INC. |  |
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|--|--|
| Principal Place of Business 1935 NW 87TH AVE. MIAMI, FL 33172 US | Mailing Address 1935 NW 87TH AVE. MIAMI, FL 33172 US |
|--|--|



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-0280193 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
350 E LAS OLAS BLVD.
LAS OLAS CENTER II, STE. 1600
FT. LAUDERDALE, FL 33301

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | PD |
| NAME | GONZALEZ, HUMBERTO |
| STREET ADDRESS | 1935 NW 87TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | D |
| NAME | SETUBAL, PAULO DR. |
| STREET ADDRESS | 1935 NW 87TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | DCOO |
| NAME | FARACHE, SERGIO |
| STREET ADDRESS | 1935 NW 87TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | CFTS |
| NAME | ARCHER DE CASTILHO, EDUARDO |
| STREET ADDRESS | 1935 NW 87TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | D |
| NAME | ARCHER DE CASTILHO, GUILHERME |
| STREET ADDRESS | 1935 NW 87 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33172 |
| TITLE | D |
| NAME | VITA FILHO, CLAUDIO |
| STREET ADDRESS | 1935 NW 87 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33172 |

**DO NOT WRITE
IN THIS SPACE**

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 reporter 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:  C F O 2-19-07 (305) 925-4407

SIGNATURE AND (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #