


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90347 012 ***150.00

DOCUMENT # S90749	
1. Entity Name 1763 TAMiami CORPORATION	

Principal Place of Business 1601 BELVEDERE RD SUITE 407 SOUTH WEST PALM BEACH FL 33406 US	Mailing Address 1601 BELVEDERE RD SUITE 407 SOUTH WEST PALM BEACH FL 33406 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0295615	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent GERSON, GARY N. 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401	
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7. Name and Address of New Registered Agent Paul Mapes 1601 BELVEDERE ROAD Suite 407 South West Palm Beach FL 33406	
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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 <i>P. Mapes</i> CRO	DATE 4/19/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP JOHN METZ 8008 S. FLAGLER COURT W. PALM BEACH FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS MEYER, ARTHUR 1601 BELVEDERE RD 407 S W. PALM BEACH FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASARCH, GAIL 1601 BELVEDERE RD 407 S W. PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPES, PAUL 1601 BELVEDERE RD, SUITE 407 SOUTH W. PALM BEACH FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sudelle Meyer 1601 BELVEDERE RD., STE. 407 SOUTH WEST PALM BEACH, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: <i>P. Mapes</i> CRO	DATE: 4/19/05	DAYTIME PHONE: (561) 689-6601
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