

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90749

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: 1763 TAMIAMI CORPORATION

## Current Principal Place of Business:

1601 BELVEDERE RD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

## New Principal Place of Business:

## Current Mailing Address:

1601 BELVEDERE RD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

## New Mailing Address:

FEI Number: 65-0295615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAPES, PAUL  
1601 BELVEDERE RD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: METZ, JOHN  
Address: 8008 S. FLAGLER COURT  
City-St-Zip: W. PALM BEACH, FL 33405

Title: SD ( ) Delete  
Name: ASARCH, GAIL  
Address: 1601 BELVEDERE RD 407 S  
City-St-Zip: W. PALM BEACH, FL

Title: T ( ) Delete  
Name: MAPES, PAUL  
Address: 1601 BELVEDERE RD, SUITE 407 SOUTH  
City-St-Zip: W. PALM BEACH, FL 33406

Title: D ( ) Delete  
Name: MEYER, SYDELLE  
Address: 1601 BELVEDERE RD, STE 407 SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33406

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ASARCH, GAIL M  
Address: 1601 BELVEDERE RD 407 S  
City-St-Zip: W. PALM BEACH, FL 33406

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MAPES

T

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date