

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V17129

1. Entity Name

TEMACO CORPORATION



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
5255 COLLINS AVENUE  
6 D  
MIAMI BEACH FL 33140  
US

Mailing Address  
5255 COLLINS AVENUE  
6 D  
MIAMI BEACH FL 33140  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0316335

Applied For  
Not Applicable

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

2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIMMEL, ROBERT L.  
HESSEN, SCHIMMEL & DE CASTRO, P.A.  
3191 CORAL WAY, PENTHOUSE 2  
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SCHIMMEL, HOWARD ☐ Delete  
STREET ADDRESS 5255 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
NAME U00000957119 ☐ Change ☐ Addition  
STREET ADDRESS 08/04/08-80010-010 550.00  
CITY-ST-ZIP

TITLE VPD  
NAME SCHIMMEL, MARLENE ☐ Delete  
STREET ADDRESS 5255 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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NAME ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: mo: Phone #

*Robert L. Schimmel* *Howard Schimmel* 8/1/08 305 861 4548