2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90303 002 ***158.75

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1. Entity Name
TATM/TAMPA, INC.

94049299

Principal Place of Business	Mailing Address
6600 S.W. 57TH AVE MIAMI, FL 33143 US	6600 S.W. 57TH AVE MIAMI, FL 33143 US

04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0363088
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYER, WARREN
6600 SW 57 AVE
SUITE ~~500~~ 200
MIAMI, FL 33143

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRAHAM, ANTHONY
STREET ADDRESS	6600 S.W. 57TH AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	ABRAHAM, THOMAS T.
STREET ADDRESS	6600 SW 57 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MALOUF, THOMAS H.
STREET ADDRESS	3109 MOSS DALE LANE
CITY-ST-ZIP	TAMPA, FL
TITLE	AS
NAME	BRYER, WARREN
STREET ADDRESS	6600 SW 57TH AVE
CITY-ST-ZIP	MIAMI, F
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Anthony Abraham 4/6/04 305-665-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTHONY ABRAHAM