


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004289
 1. Entity Name
 TAMAYO FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address
 3833 S. HARLEM AVE. 3833 S. HARLEM AVE.
 BERWYN, IL 60402 BERWYN, IL 60402



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 36-4187931 Not Applicable

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

6. Name and Address of Current Registered Agent
 CARDENAS, JULIO
 19750 CYPRESS COURT
 MIAMI, FL 33015

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	TAMAYO, JUAN M
STREET ADDRESS	2101 W DIVISION ST.
CITY-ST-ZIP	CHICAGO, IL 60622
TITLE	VCVP
NAME	TAMAYO, JOSE
STREET ADDRESS	3833 S. HARLEM AVE.
CITY-ST-ZIP	BERWYN, IL 60402
TITLE	STD
NAME	TAMAYO, LUIS
STREET ADDRESS	5744 PULASKI RD.
CITY-ST-ZIP	CHICAGO, IL 60629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/24/05-80041-009 150.00

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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:  Date: 2/18/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR