


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F69302**  
 1. Entity Name  
 TINA FANJUL ASSOCIATES, INC.



Principal Place of Business: 220 SUNRISE AVE, STE 214, PALM BEACH, FL 33480  
 Mailing Address: 220 SUNRISE AVE, PALM BEACH, FL 33480



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-2170228 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PATRICIA LEBOW, P.A.  
 ONE NORTH CLEMATIS ST  
 STE 500  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**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: DP NAME: FANJUL, TINA STREET ADDRESS: ONE NORTH CLEMATIS ST STE 200 CITY - ST - ZIP: WEST PALM BEACH, FL 33401	<p>1100000308658                  04/16/05-80006-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE: S NAME: CARSON, DONALD W STREET ADDRESS: ONE NORTH CLEMATIS ST STE 200 CITY - ST - ZIP: WEST PALM BEACH, FL 33401	
TITLE: VT NAME: FERNANDEZ, LILLIAN STREET ADDRESS: ONE NORTH CLEMATIS ST STE 200 CITY - ST - ZIP: WEST PALM BEACH, FL 33401	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald W. Carson Donald W. Carson, Secretary 561-655-6303 2/24/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #