

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90040 017 ***150.00

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1. Entity Name
TITAN, INC



Principal Place of Business
**6991 NW 82 AVENUE
BAY 9
MIAMI, FL 33166**

Mailing Address
**6991 NW 82 AVENUE
BAY 9
MIAMI, FL 33166**

24037884



2. Principal Place of Business
4485 SW 7 ST

3. Mailing Address
4485 SW 7 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004

Chg-P

CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1051662

Applied For
Not Applicable

Zip
33134

Country
US

Zip
33134

Country
US

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

6. Name and Address of Current Registered Agent

**CELIZ, HORACIO DANIEL
6991 NW 82 AVENUE
BAY 9
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name

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

4485 SW 7 ST

City
MIAMI

FL

Zip Code
33134

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 \$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
PSD ☐ Delete
NAME
CELIZ, HORACIO DANIEL
STREET ADDRESS
6991 NW 82 AVENUE BAY 9
CITY-ST-ZIP
MIAMI, FL 33166

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSD ☒ Change ☐ Addition
NAME
CELIZ HORACIO DANIEL
STREET ADDRESS
4485 SW 7 ST
CITY-ST-ZIP
MIAMI FL 33134

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/04

Date

3054445589

Daytime Phone #