2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Feb 20, 2007 8:00 am Secretary of State

1/3

DOCUMENT # P03000011909 1. Entity Name TIFFANY-B.M.R. CORPORATION								01-30-200	07 90011 01	5 **	*150.00
Principal Place of Business Mailing Address						<u> </u>	1				
10521 SW 6 MIAMI, FL 3			10521 SW 66 ST MIAMI, FL 33173				Pered (tim Bank Hank An)	R BUKAN MARI BITIR FINI	L 8 1 11 11	TKOTI 18 1871	
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252007	Chg-P	CR2E034 (12/06)			
City & State				Chy & State				4. FEI Number Applied Fo 22-3893975 Not Applie			
Zip	Country			Zip Country		5. Certificate of	of Status Desired		5 Adi Require	ditional d	
8. Name and Address of Current Regis				ared Agent Name			7. Name and /	Address of New R	egistered Agent		
HUGUET, ELIAS 10521 SW 66 ST MIAMI, FL 33173						Street Address	(P.O. Box Number is Not Acceptable)				
WIIFOWII, FC	33173	•									
9. The short	named antit	Jauhmite this	platement for the r	number of changing its	realster	City	red egent or both	b the State of Bo	FL	ip Cod	
8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered egent.											
SIGNATURE Spring typic & printed nemonal registrating and the If explanable. (NOTE: Registrated expect approach required when retreating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	P Fo		CERS AND DIREC		11.		ADDITIONS/C	HANGES TO OFF			
TITLE NAME	HUGUET, ELIAS				NAM	E				THE U	Addition
STREET ADDRESS CITY-ST-ZIP	10521 SW 66 ST MIAMI, FL 33173					ET ADORESS -ST-ZIP					
TITLE					TITLE				_ a	hange	☐ Addition
STREET ADDRESS	10521 SW 66 ST MIAMI, FL 33173				STREET ADDRESS CITY-ST-ZIP						
TITLE	MIAMI, FL	. 331/3		Deleta	TITLE					hange	☐ Addition
NAME STREET ADORESS					NAME STRE	E ET ADORESS					
CITY-SI-ZEP			-		спү-	-S1-Z₽		·			
TITLE	ļ 			☐ Delete	NAME	1				range	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -ST-ZIP					
TITLE				□ Delete -	TITLE	I		·	Па	nange	Addition
NAME STREET ADDRESS					STREE	ET ADORESS					
CITY-ST-23P				☐ Delete	CITY-	· 51 · ZUP					☐ Addition
TITLE NAME					, NAME				_ u	m Vo	
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -ST-ZIP					
12. I hereby cartify that the information supplied with this filling 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 30 or Block 11 if chapter or an attachment with an address, with all other like empowered.											
50 11 5 511/160											
SIGNATURE: BIGHATURE AND TYPED OR PRINTED MAKE OF BIGHAND FFFCER OR DIRECTOR Des Deytime Priors 9											