2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90074 042 ***150.00

DOCUMENT # P04000120859

1. Entity Name
TTPROG CORP

Principal Place of Business	Mailing Address
8895 FOUNTAINBLEAU BLVD #305 MIAMI, FL 33172	8895 FOUNTAINBLEAU BLVD #305 MIAMI, FL 33172

02212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
9417 Fountainebleau Blvd		9417 Fountainebleau Blvd	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172	Country USA	Zip 33172	Country USA

4. FEI Number 20-1529706 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARDOSO, JOSE S
8895 FOUNTAINBLEAU BLVD #305
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name Jose S Cardoso
Street Address (P.O. Box Number is Not Acceptable) 9417 Fountainebleau Blvd #101
City MIAMI FL Zip Code 33172

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] 2/21/06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CARDOSO, JOSE S		NAME		
STREET ADDRESS	~~8895 FOUNTAINBLEAU BLVD #305~~ 9417 Fo		STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI, FL 33172~~		CITY-ST-ZIP		
TITLE	9417 Fountainebleau Blvd	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	#101		NAME		
STREET ADDRESS	Miami FL 33172		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/21/06 (786) 253-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #