

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 8895 FOUNTAINBLEAU BLVD #305 MIAMI, FL 33172	Mailing Address 8895 FOUNTAINBLEAU BLVD #305 MIAMI, FL 33172
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2. Principal Place of Business 9417 Fountainebleau Blvd Suite, Apt. #, etc. 101 City & State MIAMI FL Zip 33172 Country USA	3. Mailing Address 9417 Fountainebleau Blvd Suite, Apt. #, etc. 101 City & State MIAMI FL Zip 33172 Country USA
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40020000



02212006	Chg-P	CR2E034 (11/05)
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 FOUNTAINBLEAU BLVD #101 City MIAMI FL Zip Code 33172
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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.

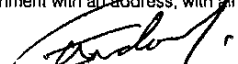
SIGNATURE  DATE 2/21/06

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDOSO, JOSE S 8895 FOUNTAINBLEAU BLVD #305 - 9417 FO MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 9417 Fountainebleau BLVD #101 MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DATE 2/21/06 (786) 253-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR