FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 MAY 23 PM 3:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P10000090923

1. Entity Name
TR Permitting & Consulting Inc.

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2. Principal Place of Business - No P.O. Box #
15314 SW 52 Lane
Suite, Apt. #, etc.
City & State: Miami, FL.
Zip: 33185 Country: USA

3. Mailing Address
15314 SW 52 Lane
Suite, Apt. #, etc.
City & State: Miami, FL.
Zip: 33185 Country: USA

CR2E034B (1/11)

4. FEI Number 27-1845233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Tania P. Rahmer
Street Address (P.O. Box Number is Not Acceptable)
15314 SW 52 Lane
City: Miami FL Zip Code: 33185

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: Tania P. Rahmer — 5/6/11
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: trahmer@att.net
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Tania P. Rahmer
STREET ADDRESS	15314 SW 52 Lane
CITY-ST-ZIP	Miami, FL. 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tania P. Rahmer — 5/6/11 — 305-303-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #