## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000109600

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33166 US

( ) Delete

Entity Name: TAX CERTIFICATE TRUST FUND CORPORATION

FILED Aug 22, 2005 Secretary of State

Littly Nai	ile. TAX C	ERTIFICATE TROST FOR	ND CORFORATI	ON			
Current Principal Place of Business:				New Principal Place of Business:			
511 NE 94 MIAMI SHO FLORIDA,		T US					
Current Mailing Address:				New Mailing Address:			
511 NE 94 MIAMI SHO FLORIDA,		T US					
FEI Number:	20-1408016	FEI Number Applied For	r() FEI Nun	nber Not Appli	cable ( )	Certificate of Status	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MIAMI SHO	TH STREE DRES, FL 3	33138 US					
	named ent of Florida.	ity submits this statement t	for the purpose o	f changing it	s registered o	office or registered a	gent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
		7.193(2)(b), F.S., the corporation		he prior notice	<b>)</b> .		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP COOPER, S 6555 NW 30 MIAMI, FL	6 STREET 218		Title: Name: Address: City-St-Zip:	COOPER, STU 511 NE 94TH S		
Title: Name: Address: City-St-Zip:	DS AJLOUNI, F 6555 NW 36 MIAMI, FL	6 STREET 218		Title: Name: Address: City-St-Zip:	STOHLCOOPE 511 NE 94TH S	*	
Title: Name:	DT TRULIO, BF	() Delete RUCE 6TH STREET 218		Title: Name:	DVP (X BENATI, DYLA		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI SHORES, FL 33138 US

LALLE, STEPHANIE

511 NE 94TH STREET MIAMI SHORES, FL 33138 US

( ) Change (X) Addition

SIGNATURE: STUART COOPER P 08/22/2005