

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 188850

FILED
May 11, 2009
Secretary of State

Entity Name: T C P C CORPORATION

Current Principal Place of Business:

10001 EAST BAY HARBOR DR.
1-N
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

10001 EAST BAY HARBOR DR.
1-N
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 59-0791940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUSER, MARC ESQ.
1111 KANE CONCOURSE
616
BAY HARBOR ISLAND, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELSTEAD, THOMAS
Address: 10001 E BAY HARBOUR DR #3-S
City-St-Zip: MIAMI BEACH, FL 33154

Title: TD () Delete
Name: SIMMONS, MITTIE F
Address: 10001 E. BAY HARBOR DR., #1-N
City-St-Zip: BAY HARBOR ISLANDS,, FL 33154

Title: SD () Delete
Name: LOPERENA, GABRIEL
Address: 10001 E BAY HARBOR DR., #1-S
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: THOMAS L WELSTEAD

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date