2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90374 025 ***150.00

DOCUMENT # 404545

1. Entity Name
T.I.C. I-95 CORP.

14004760

Principal Place of Business	Mailing Address
STE 105 1428 BRICKELL AVE MIAMI, FL 33131-0494	STE 105 1428 BRICKELL AVE MIAMI, FL 33131-0494

03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1410416
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALPRYN, ERNEST M.
1428 BRICKELL AVE #105
MIAMI, FL 33131

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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 _____
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	HURTADO, ELLISA
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	HALPRYN, ERNEST M
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL
TITLE	VPST
NAME	HALPRYN, GLENN L.
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	HALPRYN, GLENN L
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	SILVER, NOAH M
STREET ADDRESS	1428 BRICKELL AVE, 105
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Ernest M. Halpryn 03/29/2004 (305) 371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #