

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90036 019 ***150.00

DOCUMENT # 404545

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



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

Mailing Address
STE 105
1428 BRICKELL AVE
MIAMI, FL 33131-0494

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest M. Halpryn, P

01/25/2005 (305) 371-4112

Date

Daytime Phone #