2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90005 008 ***150.00

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

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

03262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4400 BISCAYNE BOULEVARD	4400 BISCAYNE BOULEVARD
Suite, Apt. #, etc. SUITE 950	Suite, Apt. #, etc. SUITE 950
City & State MIAMI FL	City & State MIAMI FL
Zip / Country 33137 3212 / USA	Zip / Country 33137 3212 / USA

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	7. Name and Address of New Registered Agent
HALPRYN, ERNEST M. 1428 BRICKELL AVE #105 MIAMI, FL 33131	Name: HALPRYN, ERNEST M. Street Address (P.O. Box Number is Not Acceptable): 4400 BISCAYNE BOULEVARD SUITE 950 City: MIAMI FL Zip Code: 33137 3212

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 ERNEST M. HALPRYN 03/26/2007
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CABRERA, MARLENE 1428 BRICKELL AVE #105 MIAMI, FL 33131	XXXX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CABRERA, MARLENE 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	XXXXX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALPRYN, ERNEST M 1428 BRICKELL AVE #105 MIAMI, FL	XXXXX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALPRYN, ERNEST M. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	XXXXX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST D HALPRYN, GLENN L. 1428 BRICKELL AVE #105 MIAMI, FL 33131	XXXXX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSTD HALPRYN, GLENN L. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	XXXXX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALPRYN, GLENN L 1428 BRICKELL AVE #105 MIAMI, FL 33131	XXXXX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVER, NOAH M. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	XXXXX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVER, NOAH M 1428 BRICKELL AVE, 105 MIAMI, FL 33131	XXXXX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST M. HALPRYN 03/26/2007 305-573-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #