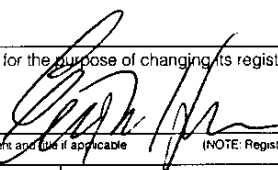
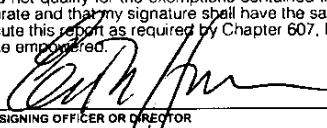


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90005 008 ***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		
2. Principal Place of Business - No P.O. Box # 4400 BISCAYNE BOULEVARD		3. Mailing Address 4400 BISCAYNE BOULEVARD			
Suite, Apt. #, etc. SUITE 950		Suite, Apt. #, etc. SUITE 950			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-1410416	
Zip 33137 3212		Country USA		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			7. Name and Address of New Registered Agent 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 <u>ERNEST M. HALPRYN</u>  DATE <u>03/26/2007</u> Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
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	☒ XXXXX 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 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: <u>ERNEST M. HALPRYN</u>  DATE <u>03/26/2007</u> 305-573-4112 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					