


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F24614	
1. Entity Name TINA, INC.	
	
Principal Place of Business 2000 ISLAND BLVD. 901 AVENTURA, FL 33166 US	Mailing Address 2000 ISLAND BLVD. 901 AVENTURA, FL 33166 US

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2076370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KASSMAN, TINA
2000 ISLAND BLVD.
APT. 901
AVENTURA, FL 33160-4959

**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 _____ DATE _____
Signature of typist or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when office or agent is changed)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P KASSMAN, TINA 2000 ISLAND BLVD APT 901 AVENTURA, FL 331604959
TITLE NAME STREET ADDRESS CITY ST ZIP	VP KASSMAN, LARRY 2000 ISLAND BLVD APT 901 AVENTURA, FL 331604959
TITLE NAME STREET ADDRESS CITY ST ZIP	VP KASSMAN, LARRY 2000 ISLAND BLVD #901 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U00000320067
04/21/05-80023-006 150.00

**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: Tina Kassman 4/18/05 305-932-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR