

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F89764

FILED
Apr 20, 2009
Secretary of State

Entity Name: TOTAL PERFORMANCE BUGGIES, INC.

Current Principal Place of Business:

5700 N ARMENIA AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4220 N LOIS AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2209976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, WILLIAM F
512 W. KENNEDY BLVD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUAREZ, REINALDO J
Address: 4220 N LOIS AVE
City-St-Zip: TAMPA, FL 00000,

Title: TS () Delete
Name: SUAREZ, LINDA
Address: 4220 N. LOIS AVE.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA SUAREZ

TS

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date