

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43278

Entity Name: T&N SHIRT COMPANY

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

% ANTHONY SALINARDI
2131 NE 208TH STREET
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

% ANTHONY SALINARDI
2131 NE 208TH STREET
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 59-2298533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALINARDI, ANTHONY
2131 NE 208TH ST
MIAMI, FL 33179 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: D () Delete
Name: SALINARDI, ANTHONY,
Address: 2131 NE 208TH ST
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: PD () Delete
Name: SALINARDI, JOAN,
Address: 2131 NE 208TH ST
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: V () Delete
Name: BRAUN, MICHAEL
Address: 2131 NE 208TH ST
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: T () Delete
Name: SALINARDI, MONA
Address: 2131 NE 208TH ST
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: V () Delete
Name: SALINARDI, ANTHONY
Address: 2131 NE 208TH ST
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: JOAN SALINARDI

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date