Apr 20, 2005 8:00 am Secretary of State **2005 FOR PROFIT CORPORATION ANNUAL REPORT** 04-20-2005 90299 012 ***150.00 **DOCUMENT # J75911** 1. Entity Name T.L.A. INVESTMENTS, INC. CCPCCUUP Principal Place of Business Mailing Address C/O RED BIRD AMOCO C/O BLAKESBERG & CO CPAS 5701 BIRD RD. 951 SW 4TH AVE BOCA RATON, FL 33432-5803 US MIAMI, FL 33155-5301 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2819151 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAKESBERS FINKELSTEIN, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 5701 BIRD ROAD MIAMI, FL 33155-5301 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition THILE Delete TITLE ☐ Change FINKELSTEIN, ENRIQUE NAME NAME 5701 BIRD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331555301 CITY-ST-ZIP SVP TITLE ☐ Change ☐ Addition HILE Delete FINKELSTEIN, ESTHER NAME NAME STREET ADDRESS 5701 BIRD RD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331555301 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the empowered.

NG OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF THE SIGNATURE AND TYPED OR THE

561-750-83 w

Date

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