## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J75911

1. Entity Name T.L.A. INVESTMENTS, INC.

**FILED** Apr 30, 2007 08:00 AM Secretary of State

Applied For

Principal Place of Business

C/O RED BIRD AMOCO 5701 BIRD RD. MIAMI, FL 33155-5301 US Mailing Address

C/O BLAKESBERG & CO CPAS 951 SW 4TH AVE BOCA RATON, FL 33432-5803 US



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR CIRECTOR ENRICHMENT DE

| 11881110 8111 4 |          |                 |  |
|-----------------|----------|-----------------|--|
| 03172007        | No Chg-P | CR2E034 (11/05) |  |

4. FEI Number 59-2819151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BLAKESBERG, WILLAIM 951 SW 4TH AVE BOCA RATON, FL 33432

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the poons of registered agent.  | urpose of changing its registered  | d office or r                            | egistered agent, or bo   | th, in the State of Florida. I am familiar with, and accept   |  |
|---|---|--|--|--|---|--|
| SIGNATURE Signature typed or printed name of registered agent and talle if applicable (NOTE: Registered Agent alignature required when reinstating)   |   |  |  |  | DATE  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00   |   | 9. Election Campaign Financ<br>Trust Fund Contribution.  | ing                                      | \$5.00 May Be<br>Added to Fees   | . U00000741412<br>05/15/07-80027-025 150.00   |  |
| 10.   | OFFICERS AND DIREC  | CTORS  |  |  |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>FINKELSTEIN, ENRIQUE<br>5701 BIRD RD.<br>MIAMI, FL 331555301  |  |  |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SVP<br>FINKELSTEIN, ESTHER<br>5701 BIRD RD.<br>MIAMI, FL 331555301  |  |  |  |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 5   |  |  | DO NOT WRITE   |   |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  | IN '   | THIS SPACE  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | •   |  |  |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |  |   |  |
| 12. I hereby of the column of | certify that the information supplied with this for on this report or supplemental report is true a poration or the reference or rustee empowers, or on an attachment with an address, with all | ling does not qualify for the exe<br>and accurate and that my signate<br>d to execute this report as require<br>Lother like empowered. | mptions co<br>ure shall ha<br>ed by Chap | ntained in Chapter 11<br>ve the same legal effe-<br>oter 607, Florida Statut | <ol> <li>Florida Statutes. I further certify that the information<br/>of as if made under oath; that I am an officer or director<br/>es; and that my name appears in Block 10 or Block 11 if</li> </ol> |  |