

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # K61255	
1. Entity Name TISKETS 'N TASKETS, INC.	

Principal Place of Business 241 MIRACLE MILE CORAL GABLES, FL 33134	Mailing Address 241 MIRACLE MILE CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/06)

4. FEI Number 65-0104112	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEISS, JAY B.
2251 S.W. 22ND ST.
MIAMI, FL 33145**

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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 understand, the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when attaching) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SGUROS, JOANNA 2801 FREEMAN ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHMS, CONCETTA 2801 FREEMAN ST. MIAMI, FL
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03/24/06-80041-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tickets 'N Taskets Inc by Joanna Sgueros* **3/13/06** **(305) 24431**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Day/Month/Year