
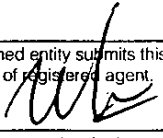
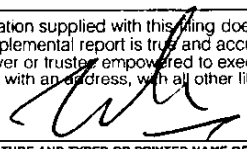


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90014 043 ***150.00

DOCUMENT # L95427 1. Entity Name TOTAL CONNECTION INC.					
Principal Place of Business 20451 NW 2ND AVE., #110 MIAMI, FL 33169			Mailing Address BOX 2303 OPA-LOCKA, FL 33055		
2. Principal Place of Business - No P.O. Box # 20451 NW 2nd AVE		3. Mailing Address Box 2303			
Suite, Apt. #, etc. #120		Suite, Apt. #, etc.			
City & State MIAMI		City & State OPA-LOCKA		4. FEI Number 65-0219770	
Zip FL33169		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip FL33055		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ORUKOTAN, JOSEPH 3520 SW 195TH AVE. MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name JOE ORUKOTAN Street Address (P.O. Box Number is Not Acceptable) 20451 NW 2nd AVE #120 City MIAMI FL Zip Code 33169	
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  JOE ORUKOTAN PRESIDENT 1/22/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORUKOTAN, JOSEPH JR 3520 SW 195 AVE. MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORUKOTAN, ANTHONY O 3520 SW 195 AVE. MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORUKOTAN, FATOU F 3520 SW 195 AVE. MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ORUKOTAN, JOSEPH 3520 SW 195 AVE. MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete	TITLE PRES JOE PRUKOTAN NAME STREET ADDRESS 20451 NW 2nd AVE #120 CITY-ST-ZIP MIAMI FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1/22/2007 (305) 651-3771 <small>Date Day Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					