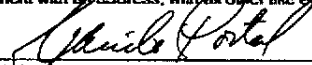


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # M61514 1. Entity Name T. P. F. ASSOCIATES INC.				
Principal Place of Business 1441 E 8TH AVE P O BOX 170225 HIALEAH, FL 33010 US		Mailing Address 1441 E 8TH AVE P O BOX 170225 HIALEAH, FL 33010 US		
DO NOT WRITE IN THIS SPACE				
				 04112004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0012078		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PORTAL, JULIA 1441 E 8 TH AVE HIALEAH, FL 33010		DO NOT WRITE IN THIS SPACE		
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) DATE: _____				
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
		1000000112126 04/14/04-80010-012 150.00		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTAL, JULIA 1441 E 8TH AVE HIALEAH, FL 33010			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTAL, DANILO PO BOX 170225 HIALEAH, FL 33015			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 like empowered.				
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/11/04 954-336-1193 Date Daytime Phone #		