## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # M63662

1. Entity Name

T & T INVESTMENT PROPERTIES, INC.



**FILED** Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

837 LORCA ST

5271 SW 5TH ST.

CORAL GABLES, FL 33134

Mailing Address

837 LORCA ST

CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04042007 No Chg-P

4. FEI Number 65-0115382

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOYOS, SUSANA 5271 SW 5TH ST. MIAMI, FL 33134

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or registered 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 atle i	f applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSANA, TOYOS 837 LORCA ST CORAL GABLES, FL			U00000695542 04/17/07-80063-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOYOS, HILDA D. 5271 SW 5TH ST. MIAMI, FL			
NAME STREET ADDRESS CITY-ST-ZIP	VP TOYOA, WALDO 837 LORCA ST CORAL GABLES, FL 33134		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 time empowered.

SIGNATURE

nne NAME STREET ADDRESS CITY-ST-ZIP