


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT# N00000004972
 1. Entity Name
 TINAALFINC



Principal Place of Business 20501 NW 28 CT CAROL CITY, FL 33056	Mailing Address PO BOX 55-2645 OPA LOCKA, FL 33055
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01152004 NoChg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber 65-0892847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARSWELL, CLEMENTINA
 20501 NW 28 CT
 CAROL CITY, FL 33056

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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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agents signature required whenever reinstating) _____ DATE _____
Signature, typed or printed name of registered agent not applicable

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARSWELL, CLEMENTINA 20501 NW 28 CT CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ABEL, VIRGINIA 4320 S.W. 24 ST. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POWELL, IDA 2619 MAY O ST. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/20/04-80079-009 61.25

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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 617, Florida Statutes, and changed, or on an attachment with an address, with all other like empowered, that my name appears in Block 10 or Block 11 if

SIGNATURE: Clementina Caswell 1/15/04 305 622 7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#