

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000802

FILED
Sep 18, 2009
Secretary of State

Entity Name: TNT MISFITS, INC.

Current Principal Place of Business:

7920 EMBASSY BLVD
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7920 EMBASSY BLVD
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 25-1910148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAIN, TIFFANY N PD
7920 EMBASSY BLVD
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAIN, TIFFANY PD
Address: 7920 EMBASSY
City-St-Zip: MIRAMAR, FL 33023

Title: VD () Delete
Name: DEW, TIEESHA VD
Address: 850 NW 213TH LANE #205
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: ROBERTS, LATOYA VD
Address: 850 NW 213TH LANE #205
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: BAIN, TIFFANY
Address: 7920 EMBASSY BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: BAIN, OMAR SD
Address: 7920 EMBASSY BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: ROBERTS, DESIREE SD
Address: 850 NW 213TH LANE #205
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY BAIN

PD

09/18/2009

Electronic Signature of Signing Officer or Director

Date