

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90034 032 \*\*\*150.00

**DOCUMENT # P00000009838**

1. Entity Name  
**T & T FLORIDA INVESTMENTS, CORP.**



Principal Place of Business  
**21150 POINT PLACE  
SUITE 2801  
AVENTURA, FL 33180**

Mailing Address  
**700 E. DANIA BEACH BLVD.  
SUITE 202  
DANIA, FL 33004**



2. Principal Place of Business  
**16479 NE 30 Ave**

3. Mailing Address  
**700 E. Dania Beach Blvd**

Suite, Apt. #, etc.  
**Suite 202**

01062006 Chg-P CR2E034 (11/05)

City & State  
**North Miami Beach, FL**

City & State  
**Dania, FL**

Zip  
**33160-4106**

Country  
**USA**

Zip  
**33004**

Country  
**USA**

4. FEI Number  
**65-0978722**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VIVIES, PATRICK  
700 E. DANIA BEACH BLVD.  
SUITE 202  
DANIA, FL 33004**

7. Name and Address of New Registered Agent  
Name  
**Tennenbaum, Guy**  
Street Address (P.O. Box Number is Not Acceptable)  
**16479 NE 30 Ave**  
City  
**North Miami Beach** FL Zip Code  
**33160-4106**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PD TENENBAUM, GUY 21150 POINT PLACE #2801 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TENENBAUM, Guy 16479 NE 30 Ave North Miami Beach, FL 33160-4106 <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
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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 information.

SIGNATURE: \_\_\_\_\_ Date **January 17 2006** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR