

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90008 026 ***150.00

DOCUMENT # P00000051202

1. Entity Name
TBA ENTERPRISES, INC.



Principal Place of Business
**PO BOX 260879
PEMBROKE PINES, FL 33026**

Mailing Address
**PO BOX 260879
PEMBROKE PINES, FL 33026**

94045775



2. Principal Place of Business
C/O Lance P. Mirrer, CPA
Suite, Apt. #, etc.
PO BOX 290548

3. Mailing Address
C/O Lance P. Mirrer, CPA
Suite, Apt. #, etc.
PO BOX 290548

03172004 Chg-P CR2E034 (10/03)

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
65-1010992

Applied For
Not Applicable

Zip Country
33329-0548 U.S.

Zip Country
33329-0548 U.S.

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

6. Name and Address of Current Registered Agent

**MIRRER, LANCE P
5400 S. UNIVERSITY DRIVE
SUITE 601
DAVIE, FL 33328**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **BLUDAU, ROBERT**
STREET ADDRESS **PO BOX 260879**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE V ☐ Delete
NAME **D'ALESSANDRO, THERSA**
STREET ADDRESS **PO BOX 260879**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **Bludau, Robert**
STREET ADDRESS **PO BOX 290548**
CITY-ST-ZIP **Davie, FL 33329-0548**

TITLE V ☒ Change ☐ Addition
NAME **D'Alessandro, Theresa**
STREET ADDRESS **PO BOX 290548**
CITY-ST-ZIP **Davie, FL 33329-0548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Robert L. Bludau

Robert L. Bludau

4/1/04

954-593-2849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #