

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90020 050 ***150.00

DOCUMENT # P00000074554

1. Entity Name
T.T. BUSINESS GROUP, CORP.



Principal Place of Business
**8302 NW 56 STREET
MIAMI, FL 33166**

Mailing Address
**8302 NW 56 STREET
MIAMI, FL 33166**

54037851



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1041436

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAVARES, MARTHA R
12316 NW 7TH LANE
MIAMI, FL 33182**

7. Name and Address of New Registered Agent

Name
TAVARES MARTHA

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

7125 NW 186 Street # 104

City
MIAMI

FL

Zip Code
33015

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 **MARTHA TAVARES** **REGISTERED AGENT**

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

(NOTE: Registered Agent signature required when reinstating)

04/14/04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TAVARES, MARTHA R
12316 NW 7TH LANE
MIAMI, FL 33182**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
TAVARES, ERWIN
12316 NW 7TH LANE
MIAMI, FL 33182**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TAVARES MARTHA
7125 NW 186 Street #104
MIAMI, FL 33015**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
TAVARES ERWIN
7125 NW 186 Street #104
MIAMI, FL 33015**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

TAVARES ERWIN M

04/14/04

305-594588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #