2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90080 002 ***150.00 **DOCUMENT # P00000074866** 1. Entity Name TTI COMM CORP. 40041020 Principal Place of Business Mailing Address 2100 E. HALLANDALE BEACH BLVD POST OFFICE BOX 800510 MIAMI, FL 33280-0510 #207 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address 1920 E. HALLANDALE BEH BLYD Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-P CR2E034 (11/05) <u>#503</u> City & State Applied For City & State 4. EEI Number 65-1029844 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OPPEL, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 2100 E. HALLANDALE BEACH BLVD **SUITE 207** HALLANDALE, FL 33009 City Zip Code 8. The above named entity submits this statement urpose 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 мау Ве Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD PSD TITLE Delete TITLE Change ■ Addition GUSTAVO OPPEL, GUSTAVO OPPEL NAME NAMÉ 1920 E. HALLANDALE BCH BLUD STREET ADDRESS 2100 E. HALLANDALE BEACH BLVD #207 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP HALLANDALE, FL 33009 CITY - ST-ZIP UTD VTD Delete TITLE TITLE M' Change ☐ Addition OPPEL HARTA 1920 E. HALLANDALE BCH. BLVD OPPEL, MARTA NAME NAME STREET ADDRESS 2100 E. HALLANDALE BEACH BLVD #207 STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-7IP FL 33009 CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 empowered.

TITLE

NAME STREET ADDRESS

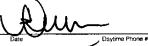
Delete

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP



Change

☐ Addition

FILED