

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90047 002 ***150.00

DOCUMENT # P00000074866

1. Entity Name
TTI COMM CORP.



Principal Place of Business
1920 E. HALLANDALE BCH BLVD.
#503
HALLANDALE, FL 33009

Mailing Address
POST OFFICE BOX 800510
MIAMI, FL 33280-0510

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1029844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPPEL, GUSTAVO
2100 E. HALLANDALE BEACH BLVD
SUITE 207
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name **OPPEL GUSTAVO**

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

1920 E. HALLANDALE BEACH BLVD.

SUITE 503

City **HALLANDALE BEACH FL**

Zip Code **33009**

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, 2007 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
PSD
OPPEL, GUSTAVO
1920 E. HALLANDALE BCH BLVD
HALLANDALE, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
OPPEL, MARTA
1920 E. HALLANDALE BCH BLVD.
HALLANDALE, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY - ST - ZIP
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO OPPEL

3/8/07

305.271.8585

Date

Daytime Phone #