



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000077732</b>		
1. Entity Name T.F. PARTNERS, INC.		
Principal Place of Business 1643 BRICKELL AVENUE APT 2702 MIAMI, FL 33129		Mailing Address 1643 BRICKELL AVENUE APT 2702 MIAMI, FL 33129
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FERNANDEZ, ANTONIO S 1643 BRICKELL AVENUE MIAMI, FL 33129		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	FERNANDEZ, ANTONIO S	
STREET ADDRESS	1643 BRICKELL AVENUE APT 2702	
CITY - ST - ZIP	MIAMI, FL 33129	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <i>AF</i> 		Date: <i>4/18/06</i> Daytime Phone #: <i>305-588-5619</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1038295	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U00000538939  
05/09/06-80079-021 150.00

**DO NOT WRITE  
IN THIS SPACE**