## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000098646

Principal Place of Business

T.D.D. FLORIDA CORP.

150 SE 2ND AVENUE

#1200 MIAMI, FL 33131 Mailing Address

150 SE 2ND AVENUE #1200

MIAMI, FL 33131

FILED Jan 12, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1048572 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS 150 SE 2ND AVENUE #1200 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131			IN THIS SPACE		
8. The above the obligati	named entity submits this statement for the puisons of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typod or printed name of registered agent and title if	applicable (NOTE Registered	 Agent signature	raquired when reinstating)	DATE
File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000384403 01/17/06-80011-008 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALAC, EDGAR DANIEL 150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE THIS SPACE
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12. Thereby 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 testee 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:

NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DGAR D. HALAC

1-9-06

Daytime Phone #