


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90104 014 ***150.00

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|---|---------------------------------|--|---|--|--|
| DOCUMENT # P00000098646 1. Entity Name T.D.D. FLORIDA CORP. | | | |  | |
| Principal Place of Business 150 SE 2ND AVENUE #1200 MIAMI, FL 33131 | | | Mailing Address 150 SE 2ND AVENUE #1200 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400 | | 3. Mailing Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400 | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | 4. FEI Number 65-1048572 | |
| Zip 33131 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVENUE #1200 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE STE 1400 City MIAMI, FL Zip Code 33131 | |
| 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:  DATE: 1-15-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME HALAC, EDGAR DANIEL STREET ADDRESS 150 SE 2ND AVENUE SUITE #1200 CITY-ST-ZIP MIAMI, FL 33131 | <input type="checkbox"/> Delete | | TITLE (P) HALAC, EDGAR DANIEL NAME 1001 BRICKELL BAY DRIVE STE 1400 STREET ADDRESS MIAMI, FL 33131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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:  | | | EDGAR DANIEL HALAC 1-16-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small> | | |
| | | | 305-6105141 <small>Daytime Phone</small> | | |