2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91058 016 ***150.00

DOCUMENT # P00000113813

1. Entity Name
T & D WINNERS CORP.

Principal Place of Business	Mailing Address
168 SE. 1ST STREET 1108 MIAMI, FL 33139	168 SE. 1ST STREET 1108 MIAMI, FL 33139

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6770 Indian Creek Dr.		6770 Indian Creek Dr.	
Suite, Apt. #, etc.: #TSO		Suite, Apt. #, etc.: # T9O	
City & State: Miami Beach FL		City & State: Miami Beach FL	
Zip: 33141	Country: USA	Zip: 33141	Country: USA

4. FEI Number 65-1065477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASCAIS, TANIA
168 SE. 1ST STREET
#1108
MIAMI, FL 33139

7. Name and Address of New Registered Agent

Name: Tania Cascais
Street Address (P.O. Box Number is Not Acceptable): 6770 Indian Creek Dr. #TSO
City: Miami Beach **FL** Zip Code: 33141

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 X [signature] 4/29/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASCAIS, TANIA M 1500 BAY ROAD SUITE 914 MIAMI, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Tania Cascais 6770 Indian Creek Dr. # TSO Miami Beach FL 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CASCAIS, TANIA M 1500 BAY ROAD SUITE 914 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] 4/29/04.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #