## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000018963

Name:

Address:

City-St-Zip:

( ) Delete

CHARLEZ, PEDRO

BOYNTON BCH, FL 33435

2404 NE 3RD ST.

FILED Aug 09, 2004 Secretary of State

Entity Nar	me: T.C.L.	ENTERPRISE C	OF PALM BEACH,	INC.				
Current Principal Place of Business:				N	New Principal Place of Business:			
2404 NE 3RD ST. BOYNTON BCH, FL 33435					5237 1ST ROAD LAKE WORTH, FL 33467			
Current Mailing Address:				N	New Mailing Address:			
5237 1ST I LAKE WOI	RD RTH, FL 33	3467						
FEI Number:	: 65-1077465	FEI Number	Applied For()	FEI Numb	er Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CHARLEZ, LUPE 2404 NE 3RD ST. BOYNTON BCH, FL 33435					CHARLEZ, LUPE 5237 1ST ROAD LAKE WORTH, FL 33467			
	named ent e of Florida.	ity submits this s	tatement for the pu	urpose of o	changing it	s register	ed office or registered agent, or both,	
SIGNATURE:					08/09/2004			
Electronic Signature of Registered Agent					Date			
		7.193(2)(b), F.S., the cing Trust Fund Co	e corporation did not ontribution ( ).	t receive the	prior notice	e.		
OFFICERS AND DIRECTORS:				F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD CHARLEZ, 2404 NE 3F BOYNTON			N A	itle: lame: .ddress: city-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD CHARLEZ, 2404 NE 3F BOYNTON			N A	itle: lame: ddress: city-St-Zip:		( ) Change ( ) Addition	
Title:	TD	( ) Delete		Т	ïtle:	TD	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LUPE CHARLEZ **PRES** 08/09/2004

(X) Change ( ) Addition

CHARLEZ, PEDRO

6300 WILLOUGHBY CIR

LAKE WORTH, FL 33463