

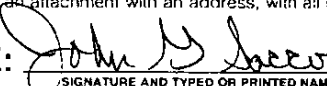


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 010 ***150.00

DOCUMENT # P01000082287			
1. Entity Name BUSINI'S TCM, INC.			
Principal Place of Business 8740 N KENDALL DR STE 105 MIAMI FL 33176		Mailing Address 18010 SW 136TH AVENUE MIAMI FL 33177	
2. Principal Place of Business - No P.O. Box # 9555 N. KENDALL DR.		3. Mailing Address	
Suite, Apt. #, etc. STE 201		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33176	Country	Zip	Country
6. Name and Address of Current Registered Agent SACCO, JOHN G 18010 SW 136 AVE MIAMI FL 33177		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		JOHN G. SACCO	
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		5 March 08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SACCO, JOHN 18010 SW 136TH AVENUE MIAMI FL 33177 <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 Section 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: 		JOHN G. SACCO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		5 MAR 08 305 431 0902	
		Daytime Phone #	