2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094031

1. Entity Name

T & T KOC INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

2127 BRICKELL AVE #2505 MIAMI, FL 33129 2127 BRICKELL AVE #2505 MIAMI, FL 33129

FILED Mar 12, 2004 8:00 am Secretary of State

03-12-2004 90028 042 ***150.00

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02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1806326

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

KOC, IRFAN 2127 BRICKELL AVE #2505 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

8. The above the obligation	e named entity submits this statement for the pitions of registered agent.	urpose of changing its req	gistered office	or registered agent, or bo	oth, in the State of Florida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Re	igistered Agent sign	ature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	The property of the same state	
10.	OFFICERS AND DIREC	TORS				Mark of Carpy 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOC, IRFAN 2127 BRICKELL AVE #2505 MIAMI, FL 33129					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOC, Z. NILGUN -2127 BRICKELL AVE #2505 MIAMI, FL 33129					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP		<u></u>		i in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AUCENOL RUG CE KOL

03/02/04

<u>3058597262</u>