2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90290 033 ***158.75

DOCUMENT # P01000102935

1. Entity Name
TIFF & DAV, INC.

Principal Place of Business	Mailing Address
777 NW 72 AVE 2AA62 # 2017 MIAMI, FL 33126	777 N W 72ND AVE STE 2 AA 62 #2017 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

04072006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1154442		Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC
283 CATALONIA AVENUE, 2ND FLOOR
CORAL GABLES, FL 33134

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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 4/01/06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SULTAN, JORDANA
STREET ADDRESS	3314 DEVON CT 777 NW 72 ave.
CITY-ST-ZIP	MIAMI, FL 33133 suite # 2017 Miami-fl 33126
TITLE	PD
NAME	SULTAN, CARLOS
STREET ADDRESS	777 NW 72 AVE #2AA62 # 2017
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/01/06   786 2876248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #