


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91026 003 ***150.00

DOCUMENT # P01000115668 1. Entity Name TCCI, INC	
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Principal Place of Business 660 CAMINO REAL, SUITE E411 MIAMI, FL 33143	Mailing Address 660 CAMINO REAL, SUITE E411 MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0603471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMEJO, LUIS
4898 NW 7TH ST
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULJEVIC, JUAN P 660 NW 123 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, SAMUEL D 660 NW 123 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, LORENA L 660 NW 123 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, MARLO A 660 NW 123 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____ **786-262-2013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #