2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008228

LEHMANN, KEITH

815 ORIENTA AVE #2

ALTAMONTE SPRINGS, FL 327015600

Name:

Address:

City-St-Zip:

Entity Name: T&T TRAN, INC.

FILED May 12, 2004 Secretary of State

Littly Nan	ile. Tal IR	AIN, IINC.						
Current Principal Place of Business:					New Princ	ipal Plac	e of Business:	
815 ORIENTA AVE., #2 ALTAMONTE SPRINGS, FL 32701					3580 ALOMA AVE STE 5 WINTER PARK, FL 32792			
Current Mailing Address:					New Mailing Address:			
	ITA AVE., #2 TE SPRINGS	6, FL 32701		5	8580 ALON STE 5 WINTER P		32792	
FEI Number:	80-0029522	FEI Number	Applied For()	FEI Numb	er Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					lame and	Address	of New Registered Agent:	
LEHMANN, KEITH 815 ORIENTA AVE. #2 ALTAMONTE SPRINGS, FL 32701 US					TRAN, LUONG M 3580 ALOMA AVE STE 5 WINTER PARK, FL 32792 US			
The above in the State		submits this s	tatement for the p	urpose of	changing it	s register	red office or registered agent, or both,	
SIGNATURE: LUONG M TRAN					05/12/2004			
	Electro	nic Signature o	of Registered Age	ent			Date	
		93(2)(b), F.S., the	e corporation did no ontribution ().	t receive the	prior notice	e.		
OFFICERS	AND DIREC	CTORS:		, ,	ADDITION	S/CHAN	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TD (TRINH, THIEN 3910 PEACE ORLANDO, FL	PIPE DR.		N A	ītle: lame: lddress: Dity-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	TD (THIEN, TRINH 3910 PEACE ORLANDO, FL	PIPE DR.		N A	itle: lame: \ddress: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (MOC TRAN, T 3910 PEACE ORLANDO, FL	PIPE DR.		N A	itle: lame: ddress: city-St-Zip:		() Change() Addition	
Title:	S () Delete		Т	itle:	S	(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:

TRAN, LUONG M

8143 MORTIZ CT

ORLANDO, FL 32825

SIGNATURE: LUONG M. TRAN SEC 05/12/2004