

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90199 018 \*\*\*150.00

DOCUMENT # P02000023609

1. Entity Name  
TILVERTON USA, INC.



Principal Place of Business *in care of 123rd* Mailing Address *in care of 123rd*  
290 174TH STREET APT. 719 290 174TH STREET APT. 719  
SUNNY ISLES, FL 33160 *1549 NE 33161 FL* SUNNY ISLES, FL 33160 *N MIAMI 33161 FL*

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*1549 NE 123RD ST* *1549 NE 123RD ST*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *N MIAMI FL* City & State *N MIAMI FL*  
Zip *33161* Country *US* Zip *33161* Country *US*

01102007 Chg-P CR2E034 (12/06)

4. FEI Number 01-0622331 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FINLEY, CHANDLER R ESQ.  
710 WASHINGTON AVENUE, SUITE #5  
MIAMI BEACH, FL 33139

## 7. Name and Address of New Registered Agent

Name *SARA COTTON*  
Street Address (P.O. Box Number is Not Acceptable)  
*1549 NE 123RD ST*  
City *N MIAMI* FL Zip Code *33161*

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COTTON, SARA	
STREET ADDRESS	290 174 ST. #719	
CITY - ST - ZIP	SUNNY ISLES, FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIDDIG, NATALIA J	
STREET ADDRESS	290 174TH STREET, APT. #719	
CITY - ST - ZIP	SUNNY ISLES, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>1549 NE 123RD ST</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N MIAMI FL 33161</i>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1549 NE 123RD ST</i>	
STREET ADDRESS	<i>N MIAMI FL 33161</i>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 files empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 Daytime Phone #