

55018467

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000045923

1. Entry Name
T.Y.G. ENTERPRISES, INC.

Principal Place of Business
 7885 NW 53RD STREET
 MIAMI, FL 33166

Mailing Address
 7885 NW 53RD STREET
 MIAMI, FL 33166

2. Principal Place of Business
 State, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 State, Apt. #, etc.
 City & State
 Zip

4. FEI Number
01-0676609

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

6. Name and Address of Current Registered Agent
GALINDO, ROGER
7886 NW 53RD STREET
MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entry 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 _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	DP GALINDO, ROGER 7886 NW 53RD STREET MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	OST CALVO, ALBERTO 7886 NW 53RD STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ST GALINDO, ROGER 7886 NW 53RD STREET MIAMI, FLORIDA 33166
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power to be empowered.

SIGNATURE: *[Signature]* **PRESIDENT** Date: **2/24/03 (305) 446-1958**

CRE0004 (10/02)