2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000048917

1. Entity Name
TLT AUTOMATION, INC.

Principal Place of Business	Mailing Address
550 BILTMORE WAY 740 CORAL GABLES, FL 33134	354 SEVILLA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

03102008   No Chg-P   CR2E034 (11/05)

4. FEI Number 81-0567893	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CEBALLOS, HAYDEE
354 SEVILLA AVE.
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.
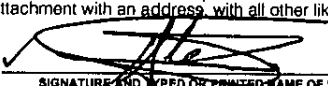
SIGNATURE_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000862686 04/03/08-80060-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	RAMIREZ, ALEJANDRO
STREET ADDRESS	624 W. PALM AIRE DR.
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	RAMIREZ, WILLIAM
STREET ADDRESS	10862 BALHARBOR DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33498

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: ✓ _____ ALEJANDRO RAMIREZ ✓ 3-17-08 ✓

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