

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048917

Entity Name: TLT AUTOMATION, INC.

FILED  
Mar 19, 2010  
Secretary of State

## Current Principal Place of Business:

550 BILTMORE WAY  
PH2-A  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 81-0567893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GBS GROUP  
18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST  
Name: RAMIREZ, ALEJANDRO  
Address: 624 W PALM AIRE DR.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D  
Name: RAMIREZ, WILLIAM  
Address: 10862 BALHARBOR DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: MGR  
Name: ANTELO, FRANCISCO  
Address: 5252 KENSINGTON CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR  
Name: MENDIBLE, RAFAEL A  
Address: 931 SW 155TH CT  
City-St-Zip: MIAMI, FL 33194

Title: MGR  
Name: PARADA, NATACHA  
Address: 5462 SW 185TH TERRACE  
City-St-Zip: MIRAMAR, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: ALEJANDRO RAMIREZ

PST

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date