

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000048917

Entity Name: TLT AUTOMATION, INC.

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

624 W PALM AIRE DR  
POMPANO BEACH, FL 33069

## **New Principal Place of Business:**

6205 BLUE LAGOON DRIVE  
SUITE 130  
MIAMI, FL 33126 US

## **Current Mailing Address:**

18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029

## **New Mailing Address:**

18501 PINES BOULEVARD  
SUITE 201  
PEMBROKE PINES, FL 33029 US

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

## **OFFICERS AND DIRECTORS:**

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

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

Title: MGR  
Name: PALACIOS, MARIANELLA J  
Address: 624 W PALM AIRE DR.  
City-St-Zip: POMPAN BEACH, FL 33069 US

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 E. RAMIREZ

PST

01/19/2012

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

\_\_\_\_\_  
Date