2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000094621

1. Entity Name
THOMAS & TIJORE MGMT. INC.

Principal Place of Business	Mailing Address
1434 S POWERLINE RD POMPANO BEACH, FL 33069	1434 S POWERLINE RD POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

07202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
46-0500505	Not Applicable

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

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6. Name and Address of Current Registered Agent

THOMAS, SOYE
1434 S POWERLINE ROAD
POMPANO BEACH, FL 33069

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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 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	SOYE, THOMAS
STREET ADDRESS	1434 S POWERLINE RD
CITY-ST-ZIP	POMPANO BEACH, FL 33069

U000000168036
07/23/04-80007-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #