

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90051 046 ***150.00

DOCUMENT # P02000102569



1. Entity Name
 TIM INVESTMENT, INC.

Principal Place of Business: C/O ROTH, ROUSSO & DARRACH, P.A.
 3440 HOLLYWOOD BLVD STE 360
 HOLLYWOOD, FL 33021

Mailing Address: C/O ROTH, ROUSSO & DARRACH, P.A.
 3440 HOLLYWOOD BLVD STE 360
 HOLLYWOOD, FL 33021

34026000



2. Principal Place of Business: 18851 NE 29th AVE.
 Suite, Apt. #, etc. 900

3. Mailing Address: 18851 NE 29th AVE.
 Suite, Apt. #, etc. 900

01272004 Chg-P CR2E034 (10/03)

City & State: Aventura, FL

4. FEI Number: 81-0579320

Applied For: Not Applicable

Zip: 33180 Country: US

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

6. Name and Address of Current Registered Agent: ROTH, LEONARD A ESQ
 C/O ROTH, ROUSSO & DARRACH, P.A.
 3440 HOLLYWOOD BLVD STE 360
 HOLLYWOOD, FL 33021

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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: DPT NAME: FINKELBERG, CHRISTIAN R STREET ADDRESS: 3440 HOLLYWOOD BLVD STE 360 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVS NAME: FINKELBERG, ROBERTO A STREET ADDRESS: 3440 HOLLYWOOD BLVD STE 360 CITY-ST-ZIP: HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ROBERTO FINKELBERG Date: 02/25/04 Daytime Phone #: 786-279-0021