

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90666 016 \*\*\*150.00

**DOCUMENT # P02000103803**

1. Entity Name  
**T.M. DESIGN GROUP ASSOCIATES, P.A.**



Principal Place of Business  
**18260 NW 78TH AVE  
HIALEAH, FL 33015**

Mailing Address  
**18260 NW 78TH AVE  
HIALEAH, FL 33015**

**94078535**



2. Principal Place of Business

**7600 W. 20 Ave., Ste 219  
Suite, Apt. #, etc.  
Hialeah, Florida, 33016**

3. Mailing Address

**7600 West 20 Avenue # 219  
Suite, Apt. #, etc.  
Hialeah, Florida, 33016**

04282004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**33-1020299**

Applied For  
Not Applicable

Zip  
**33016**

Country  
**U.S.A.**

Zip  
**33016**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**SCAVUZZO, THERESA  
18260 NW 78TH AVE  
HIALEAH, FL 33015**

7. Name and Address of New Registered Agent

Name  
**SCAVUZZO, THERESA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7600 West 20 Avenue, Suite # 219**  
**Hialeah, Florida, 33016**  
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

*Theresa Scavuzzo*

**April 28, 2004**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SCAVUZZO, THERESA  
18260 NW 78TH AVE  
HIALEAH, FL 33015 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
SCAVUZZO, MICHAEL A  
18260 NW 78TH AVE  
HIALEAH, FL 33015 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SCAVUZZO, THERESA  
7600 West 20 Avenue, Suite # 219  
Hialeah, Florida, 33016 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
SCAVUZZO, MICHAEL A.  
7600 West 20th Avenue, Suite # 219  
Hialeah, Florida, 33016 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

*Theresa Scavuzzo*

**Theresa Scavuzzo, Pres**

**04/28/04**

**305-557-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Displaying Phone #