

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-12-2004 90307 045 ***150.00

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DOCUMENT # P03000004339			
1. Entity Name TIRALLI & GARCIA INTERNATIONAL CORPORATION			
Principal Place of Business 2910 W. WATERS AVE. TAMPA, FL 33614		Mailing Address 2910 W. WATERS AVE. TAMPA, FL 33614	
2. Principal Place of Business 5260 Irlo Bronson Hwy Suite, Apt. #, etc. Suite 108 City & State Kissimmee, FL Zip 34759		3. Mailing Address 5260 Irlo Bronson Hwy Suite, Apt. #, etc. Suite 108 City & State Kissimmee, FL Zip 34759	
Country USA		Country USA	
4. FEI Number 57-1159791		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, PATRICIA I 2910 W. WATERS AVE. TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5260 Irlo Bronson Hwy, Suite 108 City Kissimmee FL Zip Code 34759	
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 <i>Patricia Garcia</i> PATRICIA GARCIA		PRESIDENT 04/22/2004	
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	PTD GARCIA, PATRICIA I 2910 W. WATERS AVE. TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change ☐ Addition 5260 Irlo Bronson Hwy, Suite 108 Kissimmee, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TIRALLI, RICARDO A 2910 W. WATERS AVE. TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change ☒ Addition 5260 Irlo Bronson Hwy, Suite 108 Kissimmee, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(f), 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 507, 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: <i>Patricia Garcia</i> PATRICIA GARCIA		PRESIDENT 04/22/2004 407-996-7723	