

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90287 038 \*\*\*150.00

**DOCUMENT # P03000004339**

1. Entity Name

TIRALLI & GARCIA INTERNATIONAL CORPORATION



Principal Place of Business

5260 IRLO BRONSON WAY  
SUITE 108  
KISSIMMEE, FL 34759

Mailing Address

5260 IRLO BRONSON WAY  
SUITE 108  
KISSIMMEE, FL 34759

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

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  
5260 IRLO BRONSON HWY  
SUITE 108  
KISSIMMEE, FL 34759

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IN THIS SPACE**

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

*P. Garcia*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*04/26/2005*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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  
5260 IRLO BRONSON HWY, SUITE 108  
KISSIMMEE, FL 34759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
TIRALLI, RICARDO A  
5260 IRLO BRONSON HWY, SUITE 108  
KISSIMMEE, FL 34759

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*P. Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*04/26/2005*