

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90398 037 ***150.00

DOCUMENT # P03000008569 1. Entity Name TBR & R, INC.					
Principal Place of Business 11500 WESTWOOD BLVD. APT. #1035 ORLANDO, FL 32821 US			Mailing Address 7802 KINGSPORTE PARKWAY SUITE #207-B ORLANDO, FL 32819 US		
2. Principal Place of Business 173 Owenshire Cir.		3. Mailing Address Suite, Apt. #, etc. #207-A			
City & State Kissimmee, FL		City & State 		4. FEI Number 02-0671800	
Zip 34744	Country USA	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J.A.O. SEVICES, INC. 7802 KINGSPORTE PARKWAY SUITE #207-B ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Yina Buelvas Street Address (P.O. Box Number is Not Acceptable) 173 Owenshire Circle City Kissimmee FL Zip Code 34744	
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 Yina Buelvas DATE 3-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUELVAS, YINA 11500 WESTWOOD BLVD. #1035 ORLANDO, FL 32821	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	173 Owenshire Circle Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Yina Buelvas <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-23-04 (407)348-7301 <small>Date Daytime Phone #</small>		