

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90108 030 ***150.00

DOCUMENT # P03000008569					
1. Entity Name TBR & R, INC.					
Principal Place of Business 173 OWNSHIRE CIR KISSIMMEE, FL 34744 US			Mailing Address 7802 KINGSPORTE PARKWAY SUITE #207-A ORLANDO, FL 32819 US		
2. Principal Place of Business 1507 S. Hiawasse Rd Suite, Apt. #, etc. Suite # 215 City & State Orlando FL Zip 32835 Country USA		3. Mailing Address 1507 S. Hiawasse Rd Suite, Apt. #, etc. Suite 215 City & State Orlando FL Zip 32835 Country USA			
01042006 Chg-P CR2E034 (11/05)					
4. FEI Number 02-0671800				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUELVAS, YINA 173 QUENSHIRE CIR. KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name Yina Buelvas Street Address (P.O. Box Number is Not Acceptable) 1507 S. Hiawasse Rd Suite 215 City Orlando FL Zip Code 32835		
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 <u>Yina Buelvas</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D BUELVAS, YINA 173 OWNSHIRE CIR KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Yina Buelvas 1507 S. Hiawasse Rd # 215 Orlando, FL 32835	
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 exemptions contained in Chapter 119, 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: <u>Yina Buelvas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-06 (407) 744-1130 <small>Date Daytime Phone #</small>		