FILED 2006 FOR PROFIT CORPORATION Feb 06, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P03000019662** 1. Entity Name T & I MANAGEMENT, INC. Principal Place of Business Mailing Address 7650 SW 132ND PL. 7650 SW 132ND PL. MIAMI, FL 33183 US MIAMI, FL 33183 US CR2E034 (11/05) 01252006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0677528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARRION, SILVIO A DO NOT WRITE 7650 SW 132ND PL. MIAMI, FL 33183 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CARRION, SILVIO A NAME 7650 SW 132ND PL. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 TITLE U000004220**78** NAME CARRION, IVETTE 02/16/06-80063-023 150.00 STREET ADDRESS 7650 SW 132ND PL. CITY-ST-ZIP MIAMI, FL 33183 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZIP

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 embowered 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: >

717LE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR NEWTED NAME OF SIGNING OFFICER OR DIRECTOR

hunt

1-30-06

Daytima Phone #