

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90019 048 \*\*\*158.75

DOCUMENT # P03000055513

1. Entity Name  
TCIG, CORP.



Principal Place of Business  
10825 NW 73 TERRACE  
MIAMI, FL 33178

Mailing Address  
10825 NW 73 TERRACE  
MIAMI, FL 33178

50006503



2. Principal Place of Business

5250 INTERNATIONAL DR.

3. Mailing Address

89 DE DIEGO AVE.

Suite, Apt. #, etc.

SUITE 51

Suite, Apt. #, etc.

PMB 722, SUITE 105

City & State

ORLANDO, FL

City & State

SAN JUAN, PR

01112005

Chg-P

CR2E034 (10/03)

4. FEI Number

57-1175987

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

Zip

32819

Country

U.S.

Zip

00927-6346

Country

U.S.

6. Name and Address of Current Registered Agent

CARVAJAL, LUIS E  
10825 NW 73 TERRACE  
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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 D  
NAME CARVAJAL, LUIS E  
STREET ADDRESS 10825 NW 73 TERRACE  
CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

TITLE D  
NAME OLIVERA, CARLOS J  
STREET ADDRESS 10825 NW 73 TERRACE  
CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

TITLE D  
NAME OLIVERA, FRANCISCO J  
STREET ADDRESS 10825 NW 73 TERRACE  
CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

TITLE PD  
NAME CARVAJAL, LUIS E  
STREET ADDRESS 89 AVE DE DIEGO STE. 105  
CITY-ST-ZIP SAN JUAN, PR 009276346 ☐ Delete

TITLE TD  
NAME OLIVERA, CARLOS J  
STREET ADDRESS P.O. BOX 193846  
CITY-ST-ZIP SAN JUAN, PR 009193846 ☐ Delete

TITLE SD  
NAME OLIVERA, FRANCISCO J  
STREET ADDRESS P.O. BOX 193846  
CITY-ST-ZIP SAN JUAN, PR 009193846 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME OLIVERA, CARLOS J.  
STREET ADDRESS PARQUE DE SANTA MARIA, CALLE MARGARITA P-1  
CITY-ST-ZIP SAN JUAN, PR 00921 ☒ Change ☐ Addition

TITLE D  
NAME OLIVERA, FRANCISCO J.  
STREET ADDRESS PALMAR DE TORREMAR, CALLE 2A #103  
CITY-ST-ZIP GUAYNABO, PR 00969 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME OLIVERA, CARLOS J.  
STREET ADDRESS PARQUE DE SANTA MARIA, CALLE MARGARITA P-1  
CITY-ST-ZIP SAN JUAN, PR 00921 ☒ Change ☐ Addition

TITLE SD  
NAME OLIVERA, FRANCISCO J.  
STREET ADDRESS PALMAR DE TORREMAR, CALLE 2A #103  
CITY-ST-ZIP GUAYNABO, PR 00969 ☒ 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)(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:

*Ref. Cumming* - LUIS E. CARVAJAL

1-15-2005 (787) 667-8790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #