FROM : CECOM, INC.   FAX NO. :

FILED
May 25, 2005 8:00 am
Secretary of State

04-22-2005 90271 044 ****50.00
05-25-2005 90002 040 ***100.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000085069

1. Entity Name
TF SUNNY ISLES CORPORATION

Principal Place of Business	Mailing Address
1401 BRICKELL AVE., SUITE 825 MIAMI, FL 33131	1401 BRICKELL AVE., SUITE 825 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
18288 Collins Ave	18288 Collins Ave
Suite, Apt. #, etc: Suite #3	Suite, Apt. #, etc: Suite #3
City & State: Sunny Isles FL.	City & State: Sunny Isles FL
Zip: 33160 Country:	Zip: 33160 Country:

04152005 Chg-P CR2E034 (10/03)

4. FEI Number: 05-0581187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-AGALLI, RAFAEL
1401 BRICKELL AVE., SUITE 825
MIAMI, FL 33131

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 Julio Berton
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BERTONI, JULIO		NAME		
STREET ADDRESS	1401 BRICKELL AVE., SUITE 825		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Julio Berton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #