
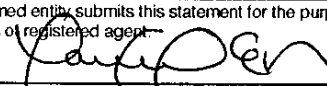
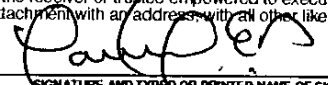


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

06-24-2005 90003 027 ***150.00

DOCUMENT # P03000091660 1. Entity Name TBK PERFORMANCE INC.					
Principal Place of Business 5512 NW 114 AVE APT 107 MIAMI, FL 33178			Mailing Address 5512 NW 114 AVE APT 107 MIAMI, FL 33178		
2. Principal Place of Business 5930 NW 99 AVE		3. Mailing Address 5930 NW 99 AVE			
Suite, Apt. #, etc. Unit 9		Suite, Apt. #, etc. Unit 9			
City & State Miami, FL		City & State Miami, FL			
Zip 33178 Country USA		Zip 33178 Country USA			
4. FEI Number 76-0738736			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 MANUEL OVIEDO 5512 NW 114 AVE APT 107 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Manuel Oviedo Street Address (P.O. Box Number is Not Acceptable) 5930 NW 99 Ave Unit 9 City Miami FL Zip Code 33178		
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  DATE 07-13-05 <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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVIEDO, MANUEL E 5512 NW 114 AVE APT 107 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Manuel Oviedo 5930 NW 99 Ave Unit 9 Miami FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

66624728

TBK PERFORMANCE INC
5930 NW 99 AVE
UNIT 9
MIAMI, FL 33178

FLORIDA DEPARTMENT OF STATE

REF: DOCUMENT # P03000091660

**HERE I AM SENDING BACK A NEW FORM TO BE FILED, WE
ALREADY SENT A CHECK FOR \$150.00 WHICH HAS BEEN PAID
WE DID NOT RECEIVE THE FILING REPORT IN THE MAIL.**

THANK YOU VERY MUCH FOR YOUR ATTENTION,

SINCERELY,


MANUEL OVIÉDO