2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90271 046 ****50.00
05-25-2005 90002 039 ***100.00

40085612

DOCUMENT # P03000096328

1. Entity Name
TF LICENSING CORPORATION

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

03122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
801 Brickel Ave	801 Brickel Ave.
Suite, Apt. #, etc. Suite #2380	Suite, Apt. #, etc. Suite #2380
City & State Miami FL	City & State
Zip 33131 Country Dade	Zip 33131 Country Dade

4. FEI Number 57-1186123 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ-ABALLI, RAFAEL 1401 BRICKELL AVE STE 825 MIAMI, FL 33131	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTONI, JULIO 1401 BRICKELL AVE STE 825 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #