


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90056 028 \*\*\*150.00

<b>DOCUMENT # P03000096328</b> 1. Entity Name <b>TF LICENSING CORPORATION</b>			
Principal Place of Business <b>801 BRICKELL AVE. SUITE # 2380 MIAMI, FL 33131</b>		Mailing Address <b>801 BRICKELL AVE. SUITE # 2380 MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>15433 NE 21 AVE</b>		3. Mailing Address <b>15433 NE 21 AVE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>	
Zip <b>33162</b>	Country <b>USA</b>	Zip <b>33162</b>	Country <b>USA</b>
4. FEI Number <b>57-1186123</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ-ABALLI, RAFAEL 1401 BRICKELL AVE STE 825 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>JULIO BERTONI</b> Street Address (P.O. Box Number is Not Acceptable) <b>15433 NE 21 AVE</b> City <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33162</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTONI, JULIO 1401 BRICKELL AVE STE 825 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIO BERTONI 15433 NE 21 AVE NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 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.			
<b>SIGNATURE:</b> _____		<b>03-12-07</b> (305) 956-2828	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	