

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90016 003 ***150.00

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1. Entity Name
T/Y INT'L, INC.



Principal Place of Business
**3805 NW 132RD ST.
 OPA LOCKA, FL 33054**

Mailing Address
**3805 NW 132RD ST.
 OPA LOCKA, FL 33054**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03222005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
86-1096594

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TORRES, EDGAR
 7971 NW 76TH AVE
 MEDLEY, FL 33166**

7. Name and Address of New Registered Agent
 Name **TORRES EDGAR**
 Street Address (P.O. Box Number is Not Acceptable)
3805 N.W. 132nd STREET
 City **OPA LOCKA** **FL** **33054**

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 **EDGAR TORRES** **3/27/2005**
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	<input type="checkbox"/> Delete
NAME	TORRES, EDGAR	
STREET ADDRESS	7971 NW 76TH AVE	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS **XX1**

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, BEATRICE	
STREET ADDRESS	3805 N.W. 132nd STREET	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES EDGAR	
STREET ADDRESS	3805 N.W. 132nd STREET	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 807, 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: **Beatrice G. Torres** **BEATRICE G. TORRES** **3/27/2005- 305/681 0607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #