


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90021 018 ***150.00

DOCUMENT # P03000155238

1. Entity Name
TEAM 2 INC



Principal Place of Business
**713 HAWK LN
 KISSIMMEE, FL 34759 US**

Mailing Address
**713 HAWK LN
 KISSIMMEE, FL 34759 US**

40066609



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04042008 Chg-P CR2E034 (12/06)

4. FEI Number
03-0533739

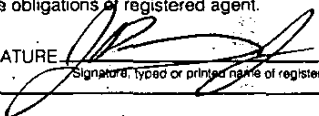
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ALL FLORIDA FIRM, INC
 813 DELTONA BLVD STE A
 DELTONA, FL 32725**

7. Name and Address of New Registered Agent
 Name **RIVERA, JOSE JR.**
 Street Address (P.O. Box Number is Not Acceptable)
713 Hawk LN
 City **KISSIMMEE** FL Zip Code **34759**

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  **Jose Rivera Jr.** DATE **4-11-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

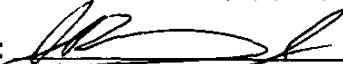
10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME RIVERA, JOSE JR	
STREET ADDRESS 713 HAWK LN	
CITY-ST-ZIP KISSIMMEE, FL 34759	
TITLE VP	<input type="checkbox"/> Delete
NAME RIVERA, JOSE SR	
STREET ADDRESS 713 HAWK LN	
CITY-ST-ZIP KISSIMMEE, FL 34759	
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 IN 11

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	
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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 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.

SIGNATURE:  **Jose Rivera Jr.** DATE **4-11-08** **321624-2544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR