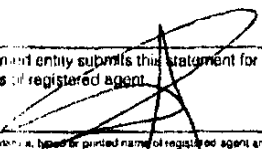
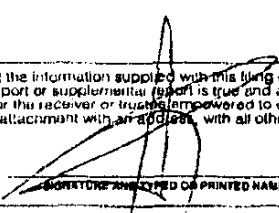


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

05-25-2005 90001 004 ***100.00
04-22-2005 90271 047 ****50.00

66026966

DOCUMENT # P04000011977			
1. Entry Name TF MANUFACTURING CORPORATION			
Principal Place of Business 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131		Mailing Address 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131	
2. Principal Place of Business 15433 NE 21 AVE		3. Mailing Address 15433 NE 21 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH FL		City & State NORTH MIAMI BEACH FL	
Zip 33162	Country DADE	Zip 33162	Country DADE
4. FEI Number 58-2682151		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ-ABALLI, RAFAEL ESQ. 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131		7. Name and Address of New Registered Agent JULIO BERTONI 15433 NE 21 AVE N. MIAMI BEACH FL 33162	
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 APRIL 2005	
Signatures, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering)	
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 AVENUE, SUITE 825 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT

06026966

T.F. MANUFACTURING, CORP.

15433 NE 21st Avenue
North Miami Beach, FL 33162
Tel. (305)956-2828/Fax (305)956-9926

August 31st, 2005.

Florida Department of State
Division of Corporations
Ref: P04000011977

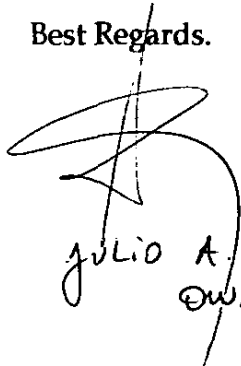
To whom it may concern:

As per my conversation with one of your service customer representatives, I am writing to you in order to let you know that we never received the reject letter you sent us back in May 2005 since you had an incorrect address for us.

On behalf of this, we are asking you to please waive the \$ 400.00 penalty fee.

Enclosed, please find a copy of the our annual report including the FEI number.

Best Regards.


JULIO A. BERTONI
OWNER