

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-19-2007 90059 028 ***150.00

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02272007 Chg-P CR2E034 (12/06)

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|---|---|---------------------------|---|---|--|
| DOCUMENT # P04000011977 | | | | | |
| 1. Entity Name TF MANUFACTURING CORPORATION | | | | | |
| Principal Place of Business 15433 NORTHEAST 21 AVENUE NORTH MIAMI BEACH, FL 33162 US | | | Mailing Address 15433 NORTHEAST 21 AVENUE NORTH MIAMI BEACH, FL 33162 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 58-2682151 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BERTONI, JULIO 15433 NORTHEAST 21 AVENUE NORTH MIAMI BEACH, FL 33162 | | | | | |
| 7. Name and Address of New Registered Agent | | | | | |
| Name | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| City | | | | | |
| State 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$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 <input type="checkbox"/> Delete 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JULIO BERTONI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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 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 | |
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| 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. | | | | | |
| SIGNATURE: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |