

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 005 ***150.00

DOCUMENT # P04000024125					
1. Entity Name T&M PO, INC.					
Principal Place of Business 6635 WEST COMMERCIAL BLVD #202 TAMARAC, FL 33319			Mailing Address 6635 WEST COMMERCIAL BLVD #202 TAMARAC, FL 33319		
2. Principal Place of Business - No P.O. Box # 9327 NW 9th place		3. Mailing Address 9327 NW 9th place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number 20-0710111	
Zip 33324		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03022007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BENSAADON, TZSANIA 6635 WEST COMMERCIAL BLVD #202 TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name: Bensaadon, Tzsania Street Address (P.O. Box Number is Not Acceptable): 9327 NW 9th place City: Plantation FL Zip Code: 33324		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BENSAADON, TZSANIA STREET ADDRESS 6635 WEST COMMERCIAL BLVD #202 CITY-ST-ZIP TAMARAC, FL 33319	☐ Delete		TITLE D NAME Bensaadon, Tzsania STREET ADDRESS 9327 NW 9th place CITY-ST-ZIP Plantation, FL 33324	☒ Change ☐ Addition	
TITLE D NAME BENSAADON, MONIQUE STREET ADDRESS 6635 WEST COMMERCIAL BLVD #202 CITY-ST-ZIP TAMARAC, FL 33319	☐ Delete		TITLE D NAME Bensaadon, Monique STREET ADDRESS 9327 NW 9th place CITY-ST-ZIP Plantation, FL 33324	☒ 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 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: _____			Date: 4/6/07 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					