## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

attachment with an address, with all other like empo-

DOCUMENT # P04000045849 06 MAR 15 PH 2: 38 1. Entity Name TIST CENTER INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2860 O'Bannion Terrace same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Deltona, Florida City & State 4. FEI Number 542147570 Not Applicable \$8,75 Additional Zip 32738 Country Zio Country 5. Certificate of Status Desired **United States** Fee Required 7. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1840 Southwest 22 Street, 4th Floor Zip Code 33145 City Miami 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. SPIEGEL & UTRERA, P.A. Natalia Utrera, Vice President SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of regretered agent and title if applicable January 1 - May 1 Fee is \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, Fee Is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE Martina Espinal NAME MALE 2860 O'Bannion Terrace 600068557576 STREET ADORESS STREET ADDRESS Deltona, Florida 32738 03/24/06--01004--005 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE V Patrick X. Velasquez NAME NAME 2860 O'Bannion Terrace STREET ADDRESS STREET ADDRESS Deltona, Florida 32738 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Eileen Velasquez NAME NAME 2860 O'Bannion Terrace STREET ADDRESS STREET ADDRESS DO NOT WRITE Deltona, Florida 32738 CTTY-ST-ZIP CITY+ST-ZIP HILE IN THIS SPACE TITLE **Nelly Calvache** NAME NAME 2860 O'Bannion Terrace STREET ADDRESS STREET ADDRESS Deltona, Florida 32738 CHY-SI-ZIP CITY-ST-ZIP THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP City ST-7IP 12. I hereby certify that the information supplied with this filling 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 eath, 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 on an attraction of the control of the

Martina Espinal, President

IE OF SIGNING OFFICER OR DIRECTOR

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