

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P04000046849

1. Entity Name
T.I.B.T. CORPORATION



Principal Place of Business

3350 SW 137 AVE
MIRAMAR, FL 33027 US

Mailing Address

P.O.BOX 160516
C/O SALEEM
HIALEAH, FL 33016 US



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0235978

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABDEL-MOTTALEB, MOHAMED S
3350 SW 137 AVE
MIRAMAR, FL 33027

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME ABDEL-MOTTALEB, MOHAMED S
STREET ADDRESS 3350 SW 137 AVE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VP
NAME ALY, MOHAMED
STREET ADDRESS 771 SW 158 LN
CITY-ST-ZIP SUNRISE, FL 33326

TITLE VP
NAME HADROUS, ABDULKADIR A
STREET ADDRESS 518 WOODGATE CIRCLE
CITY-ST-ZIP SUNRISE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000726209
05/03/07-80053-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: M. Saleem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07

Date

(954) 554-2165

Daytime Phone #