2007 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED **ANNUAL REPORT** Apr 02, 2007 08:00 AM DOCUMENT # P05000014385 **Secretary of State** 1. Entity Name TNC ENTERPRISES, INC. Principal Place of Business Mailing Address 2724 LINCOLN ST 2724 LINCOLN ST HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 03272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-2228471 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWIDERSKI, STANLEY G ESQUIRE DO NOT WRITE 3990 SHERIDAN ST STE 212 HOLLYWOOD, FL 33021 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. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be U00000688169 Trust Fund Contribution. . Added to Fees 04/10/07-80068-015 158.75 10. OFFICERS AND DIRECTORS TITLE PSD NAME TANZOLA, ANTHONY JR. STREET ADDRESS 2724 LINCOLN ST HOLLYWOOD, FL 33020 CITY-ST-ZIP RUBIO, CARLOS F NAME 2724 LINCOLN ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

Applied For

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: Latheres	DORPHITE JAME OF BESING OFFICER OR DRECTOR	3-27-07	954536440
BIGNATURE AND TAPE	D OR PRINTED MAME OF MICHING OFFICER OR DIRECTOR	Date	Daytime Phone #