

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042614

Entity Name: TIP 45 CORP.

FILED  
Apr 21, 2006  
Secretary of State

## Current Principal Place of Business:

13601 SW 143 CT UNIT 102  
MIAMI, FL 33186

## New Principal Place of Business:

15565 SW 42 TERRACE  
MIAMI, FL 33185

## Current Mailing Address:

13601 SW 143 CT UNIT 102  
MIAMI, FL 33186

## New Mailing Address:

15565 SW 42 TERRACE  
MIAMI, FL 33185

FEI Number: 20-2673929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GABLES REGISTERED AGENTS CORPORATION  
131 MADEIRA AVE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CZETYRKO, CLAUDIA  
7660 SW 83 COURT  
MIAMI, FL 33143 US

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.

SIGNATURE: CLAUDIA CZETYRKO

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: RODRIGUEZ, ADIANEZ  
Address: 13601 SW 143 CT UNIT 102  
City-St-Zip: MIAMI, FL 33186

Title: VAS ( ) Delete  
Name: RODRIGUEZ, JORGE  
Address: 13601 SW 143 CT UNIT 102  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: GARGAGLIONE, ALFREDO  
Address: 15565 SW 42 TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: VPT (X) Change ( ) Addition  
Name: GARGAGLIONE, GUILDA  
Address: 15565 SW 42 TERRACE  
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO GARGAGLIONE

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date