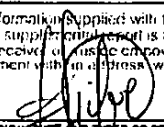


FILED
Mar 27, 2006 8:00 am
Secretary of State

03-13-2006 90084 045 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000054217			
1. Entity Name TILVE, INC.			
Principal Place of Business 14050 BISCAYNE BLVD. #803 NORTH MIAMI, FL 33181		Mailing Address 14050 BISCAYNE BLVD. #803 NORTH MIAMI, FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 732083248		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TILVE, ENRIQUE 14050 BISCAYNE BLVD. #803 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
FILE NAME STREET ADDRESS CITY-ST-ZIP	D TILVE, ENRIQUE 14050 BISCAYNE BLVD. #803 NORTH MIAMI, FL 33181 ☐ Delete	FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	FILE NAME STREET ADDRESS CITY-ST-ZIP	MONICA COITINHO - V-PRES ☐ Change ☒ Addition 14050 Biscayne Blvd #803 NORTH MIAMI FL 33181
FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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FILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	FILE 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 included 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: 		3/8/05 Pres	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT
66007206

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

TILVE, INC.
14050 BISCAYNE BLVD. #803
NORTH MIAMI, FL 33181

Subject: TILVE, INC.

Reference Number: P05000054217

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ
ANNUAL REPORTS SECTION