## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000058696

1. Entity Name
TPM SOLUTIONS GROUP, INC.



## FILED Mar 31, 2008 8:00 am Secretary of State

TIM OCCOTIONS CACCIT, INC.						03-31-2008 90023 035 ***150.00					00
5802 TYLE	R STREET DD, FL 33021			Mailing Address 5802 TYLER STREET HOLLYWOOD, FL 33021			·				
2. Principal	Place of Busin NW 150	ness - No P.O. Box # Avenue	3. Mailing Address	Mailing Address 1961 NW 150 Avenue							
Suite, Apr Suite	t. #, etc. : 103		Suite, Apt. #, etc.	<del></del>			02202008	Chg-P	CR2	E034 (12/06	)
City & Sta Pembro	oke Pine	s. FL	City & State	City & State Pembroke Pines, FL			4. FEI Numl 20-28		<u> </u>	}- <del></del>	Applied For
33028		Zíp	<del></del>			5. Certificate of Status Desired			\$8.75 A	dditional	
-	6. Name	and Address of Current		ed Agent			7. Name and Address of New Registered Agent				
ZIFF, RIC 5802 TYLI HOLLYW		Name Richard L. Ziff Street Address (P.O. Box Number is Not Acceptable) 1961 NW 150 Avenue Suite 103									
The above named entity submits this statement for the purpose of changing					Çity Peml	Pembroke Pines FL 330					de 18
the obligation of the state of	tions of registe	ared agant.  Liver printed name of registered agent	Till				when renatating)	ori, as the State C	DATE	26/08	and accept
After M.	E NOW!!! ay 1, 2008	FEE IS \$150.00 Fee will be \$550.0		-	icing	\$5.0 Adde	00 May Be d to Fees		;	<del></del>	
IIRE	P	* OF ICERS AND	**Delete	TITLE			ADDITIONS/CHANGES TO O sident		FFICERS AN	D DIRECTOR Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ZIFF, RICHARD L 5802, YLER STREET HOLLYWOOD, FL 33021			1	ET ADORESS ST-ZIP	וסכין ואז זסכין		hard L 50 Avenue			
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CITY-ST-ZIP					ST-ZIP						
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TITLE MAME STREET ADDRESS CITY - ST-ZIP			Delete	TITLE NAME STREE CITY	1 ADDRESS St-Zip					☐ Change	Addition
TITLE NAME + STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-:	I ADORESS ST-ZIP		,			Change	Addition
of the corp	on this report of poration or the or on an altach	receiver or trustee empov	his filing does not quality force and accurate and that wered to execute this report that all other tike empowered	my signati t as require ).	ire shall ha ed by Cha <sub>l</sub>	ave the sai pter 607, F	me legal elfec Florida Statute	t an if made unde	r oath; that I a me appears i		or director Block 11 if