

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90155 002 ***150.00

DOCUMENT # POS000107175

1. Entity Name

Tiffany & D.J. Transportation, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4409 White Oak Circle

3. Mailing Address

4409 White Oak Circle

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

20-3243085

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Maria P. Benosme

Street Address (P.O. Box Number is Not Acceptable)

4409 White Oak Circle

City

Kissimmee

FL

Zip Code

34746

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE President
NAME Diego Benosme
STREET ADDRESS 4409 White Oak Circle
CITY-ST-ZIP Kissimmee, FL 34746

TITLE V.P.
NAME Maria P. Benosme
STREET ADDRESS 4409 White Oak Circle
CITY-ST-ZIP Kissimmee, FL 34746

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Diego Benosme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

407 6415421

Daytime Phone #