2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90039 021 ***158.75

DOCUMENT # P05000136647

1. Entity Name
TROYFM INC.

Principal Place of Business	Mailing Address
4191 NW 6TH STREET DEERFIELD BEACH FL 33442	4191 NW 6TH STREET DEERFIELD BEACH FL 33442

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
83 N.W. 45 AVE	83 N.W. 45 AVE.
Suite, Apt. #, etc. # 205	Suite, Apt. #, etc. # 205
City & State DEERFIELD BEACH, FLORIDA	City & State DEERFIELD BEACH, FL.
Zip 33442 Country USA	Zip 33442 Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 20-3543782 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTEDO, TROY
4191 NW 6TH STREET
DEERFIELD FL 33442

7. Name and Address of New Registered Agent

Name MATTEODO, TROY
Street Address (P.O. Box Number is Not Acceptable) 83 N.W. 45 AVE
APT. # 205
City DEERFIELD BEACH, FL Zip Code 33442

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] DATE 3/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATTEODO, TROY F 4191 NW 6TH STREET DEERFIELD BEACH FL 33442 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P MATTEODO, TROY F. 83 NW 45 AVE # 205 DEERFIELD BCH. FL. 33442
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/28/08 561-305-6099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #