2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000086758

1. Entity Name

TNS INTERNATIONAL HOSPITALITY EDUCATION AND TRAINING SERVICES INC.



Dringing | Plans of Pusings

FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90243 001 ***163.75

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P. O. BOX 22 HOLLYWOOD		P. O. BOX 220103 HOLLYWOOD, FL 33020			,,,,,,				
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Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04132007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State	City & State		4. FEI Numbe	52262	-07		oplied For ot Applicable
Zip	Country	Zip	Country			of Status Desired	DEI \$	8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Ag	jent	
		,	V	Vame					
	ULLARI, FATMA		<u> </u>						
	HANAN ST.		Street Address		ress (P.O. Box Numbe	er is Not Acceptab	le)		
HOLLTVVC	OOD, FL 33020					•			
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• To				Dity			FL	Zip Code	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registered c	office or re	gistered agent, or bot	h, in the State of F	lorida. I am fa	miliar with,	and accept
	one or regional agent.								
SIGNATURE_									
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	Registered Age	jent signature r	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Cont		'S	\$5.00 May Be				
After Ma	ay 1, 2007 Fee will be \$550.	UG HISSET GITS COIN	noution.	L	Added to Fees				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:	Datmo	2 Kan	roa	Mari.	
	SIGNATURE AN	O TYPED OR PRINTE	NAME OF	SIGNING OFFIC	ER OR DIRECTO