





# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

06-28-2007 90001 016 \*\*\*150.00

<b>DOCUMENT # P06000111182</b> 1. Entity Name <b>TUNING PRO, INC.</b>					
Principal Place of Business <b>800 W OAKLAND PARK BLVD STE 216 WILTON MANORS, FL 33311</b>			Mailing Address <b>800 W OAKLAND PARK BLVD STE 216 WILTON MANORS, FL 33311</b>		
2. Principal Place of Business - No P.O. Box # <b>815 NE 1 AV</b> Suite, Apt. #, etc.		3. Mailing Address <b>815 NE 1 AV</b> Suite, Apt. #, etc.			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>20-5438698</b>	
Zip <b>33304</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BERLUSCONI, MARTIN 800 W OAKLAND PARK BLVD STE 216 WILTON MANORS, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>OSCAR Aphet</b> Street Address (P.O. Box Number is Not Acceptable) <b>815 NE 1 AV</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33304</b>		
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 <b>6/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERLUSCONI, MARTIN 800 W OAKLAND PARK BLVD STE 216 WILTON MANORS, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE President MITCHELL Rongolino 815 NE 1 AV Fort Lauderdale	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V APHET, OSCAR 800 W OAKLAND PARK BLVD STE 216 WILTON MANORS, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Aphet, OSCAR 815 NE 1 AV Fort Lauderdale, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 			Date <b>6/25/07</b> Daytime Phone # <b>(786) 208-2329</b>		