## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000114241

Entity Name: TBA HOLDING, CORP

FILED Apr 02, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
1100 SOUTH FEDERAL HIGHWAY, STE 1185 DEERFIELD BEACH, FL 33441 US				1100 SOUTH FEDERAL STE 1185 DEERFIELD BEACH, FL		
Current Mailing Address:				New Mailing Address:		
1100 SOUTH FEDERAL HIGHWAY, STE 1185 DEERFIELD BEACH, FL 33441 US				1100 SOUTH FEDERAL HWY STE 1185 DEERFIELD BEACH, FL 33441 US		
FEI Number:	26-2258719	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BONER LEO, MARIA CRISTINA 2121 PONCE DE LEON BLVD. 330 CORAL GABLES, FL 33134 US				TAX HOUSE CORPORATION 1100 S. FEDERAL HWY 2ND FLOOR DEERFIELD BEACH, FL 33441 US		
	named entity of Florida.	submits this statement for the p	purpose of	f changing its registered o	office or registered agent, or both,	
SIGNATURE: BRENO GOMES				04/02/2009		
	Electro	nic Signature of Registered Age	ent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BONER LEO, I 2121 PONCE I	) Delete MARIA CRISTINA DE LEON BLVD., SUITE 330 ES, FL 33134 US		Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	RODRIGUES,	DE LEON BLVD., SUITE 330		Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D ( ZEREDO, PAU	) Delete ILO CESAR		Title: ( )	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARIA CRISTINA BONER LEO D 04/02/2009

2121 PONCE DE LEON BLVD., SUITE 330

CORAL GABLES, FL 33134

Address: City-St-Zip: