

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90004 013 ***158.75

DOCUMENT # P17368

1. Entity Name

T.I. TUMBILOS, S.A.



Principal Place of Business

PANAMA 5 R DE P.
P. O. BOX 5035
PANAMA, PANAMA

Mailing Address

3 GLOVE ISLE DR
#1607
COCONUT GROVE FL 33133

54024938



MOORE CR2E034 (11/03)

2. Principal Place of Business

T.I. Tumbilos

Suite, Apt. #, etc.

P.O. Box 5035

City & State

Panama

Zip

33133

Country

USA

3. Mailing Address

3 Glove Isle Dr

Suite, Apt. #, etc.

1607

City & State

Coconut Grove

Zip

33133

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATTORNEY'S CORPORATE SERVICES, INC.
1825 CORAL WAY
SUITE 102
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERIA, GERARDO HERNANDEZ	
STREET ADDRESS	PANAMA R 5 DE P	
CITY-ST-ZIP	PANAMA, PANAMA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALLARINO, CLARA SANCHEZ	
STREET ADDRESS	PANAMA R 5 DE P	
CITY-ST-ZIP	PANAMA, PANAMA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERMUDEZ, JORGE	
STREET ADDRESS	PANAMA R 5 DE P	
CITY-ST-ZIP	PANAMA, PANAMA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-04 305-8587894

Date

Daytime Phone #