


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P17368		
1. Entity Name T.I. TUMBILOS, S.A.		
Principal Place of Business T.I. TUMBILOS PANAMA P. O. BOX 5035 PANAMA, PANAMA,	Mailing Address 3 GLOVE ISLE DR #1607 COCONUT GROVE, FL 33133	



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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		DO NOT WRITE IN THIS SPACE
--	--	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		<p>U000000215805 02/05/05-80021-024 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERIA, GERARDO HERNANDEZ PANAMA R 5 DE P PANAMA, PANAMA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALLARINO, CLARA SANCHEZ PANAMA R 5 DE P PANAMA, PANAMA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERMUDEZ, JORGE PANAMA R 5 DE P PANAMA, PANAMA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: C. Hernandez Date: February 01-05 305-858-7874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR