

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000010439 1. Entity Name T & M COLORS INC.	
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Principal Place of Business 5117 NW 66TH AVE LAUDERHILL, FL 33319	Mailing Address 5117 NW 66TH AVE LAUDERHILL, FL 33319
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AZLIAZARIAN, ELIO A 5117 NW 66TH AVE LAUDERHILL, FL 33319
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FILED
05 MAR 18 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102005 No Chg-P CR2E034 (10/03) *05*

4. FEI Number 65-0392724	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AZTIAZARAIN, ELIO A 5117 NW 66TH AVE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZTIAZARAIN, OLIVIA L 5117 NW 66TH AVE LAUDERHILL, FL 33319
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03/29/05--01025--001 **150.00

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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: *Elio Aztiazarain* **ELIO AZTIAZARAIN** 3/10/05 *(954) 549-0853*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #