

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90022 033 \*\*\*155.00

|   |   |                                 |  |  |   |
|---|---|---------------------------------|--|--|---|
| <b>DOCUMENT # P93000010439</b><br>1. Entity Name<br><b>T &amp; M COLORS INC.</b>  |   |                                 |  |  |   |
| Principal Place of Business<br><b>5117 NW 66TH AVE<br/>LAUDERHILL FL 33319</b>  |   |                                 | Mailing Address<br><b>5117 NW 66TH AVE<br/>LAUDERHILL FL 33319</b> |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                          |  |   |
| City & State  |   |                                 | City & State   |  |   |
| Zip   |   | Country                         |  | 4. FEI Number<br><b>65-0392724</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><b>AZLIAZARIAN, ELIO A<br/>5117 NW 66TH AVE<br/>LAUDERHILL FL 33319</b>  |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL Zip Code</span> |   |
| 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.<br>SIGNATURE _____ DATE _____<br><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</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                 |  | 9. Election Campaign Financing <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>       |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>AZTIAZARAIN, ELIO A<br>5117 NW 66TH AVE<br>LAUDERHILL FL 33319   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AZTIAZARAIN, OLIVIA L<br>5117 NW 66TH AVE<br>LAUDERHILL FL 33319 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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. |   |                                 |  |  |   |
| <b>SIGNATURE:</b> <span style="float: right;">4/3/06 6549-0853</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                                 |  |  |   |