


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90002 031 \*\*\*150.00

<b>DOCUMENT # P93000034050</b>	
1. Entity Name TNT HOLDINGS OF BOCA INC.	

Principal Place of Business 22041 STATE ROAD 7 BOCA RATON, FL 33428	Mailing Address 22041 STATE ROAD 7 BOCA RATON, FL 33428
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40030294



2. Principal Place of Business - No P.O. Box # 109 SW ATLANTIC AVE	3. Mailing Address 109 SW ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State LANTANA FL	City & State LANTANA FL.
Zip 33462	Country USA
Zip 33462	Country USA

4. FEI Number 65-0498364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PATEL, KAMAL D 22041 STATE ROAD 7 BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 109 SW ATLANTIC AVE City LANTANA FL Zip Code 33462	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT PATEL, KAMAL D 22041 STATE ROAD 7 BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 SW ATLANTIC AVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATEL, YAGNABALA 22041 STATE ROAD 7 BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 SW ATLANTIC AVE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Chapter 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

Date

(561) 306-3646

Daytime Phone #