


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000035847	
1. Entity Name T-SQUARE MIAMI, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 27 AM 8:00

Principal Place of Business 998 WEST FLAGLER ST. MIAMI, FL 33130	Mailing Address 998 WEST FLAGLER ST. MIAMI, FL 33130
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01062004 No Chg-P CR2E034 (10/03)

MRS

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0502410	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 GIDNEY, JEFFREY A 998 WEST FLAGLER ST. MIAMI, FL 33130

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIDNEY, JEFFREY A. 998 W. FLAGLER ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONSOLO, ROBERT J. 998 W. FLAGLER ST. MIAMI, FL
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600027641516
01/27/04-01012-002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Jeffrey A. Gidney* 1/24/04 305-324-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #