


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000047313**

1. Entity Name  
**TINTEK, INCORPORATED**



Principal Place of Business  
**2476 SW 137 AVE  
 MIAMI FL 33175**

Mailing Address  
**2476 SW 137 AVE  
 MIAMI FL 33175**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0421651**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, ANDRES  
 2476 SW 137 AVE  
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P O Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

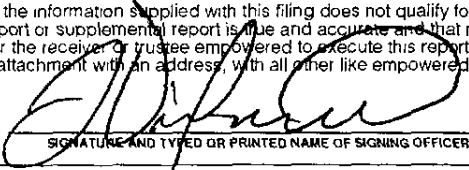
9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

| 10. OFFICERS AND DIRECTORS |                                  |
|----------------------------|----------------------------------|
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       | <b>P PEREZ, ANDRES</b>           |
| STREET ADDRESS             | <b>16366 SW 76 STREET</b>        |
| CITY- ST- ZIP              | <b>MIAMI FL 33193</b>            |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       | <b>VPS VILLAVICENCIO, JOSE E</b> |
| STREET ADDRESS             | <b>3911 SW 138 CT</b>            |
| CITY- ST- ZIP              | <b>MIAMI FL 33175</b>            |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY- ST- ZIP              |                                  |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY- ST- ZIP              |                                  |
| TITLE                      | <input type="checkbox"/> Delete  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY- ST- ZIP              |                                  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |

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 04/11/05-80045-016 150.00

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:  DATE: **4/6/05** 786 4123803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR