

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90028 014 ***150.00

DOCUMENT # P93000062660

1. Entity Name
T. FIELDS, INC.



Principal Place of Business
**4432 PEMBROKE RD.
HOLLYWOOD, FL 33021**

Mailing Address
**PO BOX 640213
MIAMI, FL 33164-0213 US**

34090100



04042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0475463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JAY, SCOTT R.P.A.
1575 IVES DAIRY RD
MIAMI, FL 33179**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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	P
NAME	WILKINS, JAMES
STREET ADDRESS	PO BOX 640213
CITY-ST-ZIP	MIAMI, FL 33164 33164-0213
TITLE	DEShaun Wilkins
NAME	PO BOX 640213
STREET ADDRESS	MIAMI, FL 33164-0213 officer
CITY-ST-ZIP	
TITLE	Chris Neely
NAME	P.O. BOX 640213
STREET ADDRESS	MIAMI, FL 33164-0213 officer
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-04

Date

954 981-2565

Daytime Phone #