

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000054219

1. Entity Name
TIRNAVOS INC.



Principal Place of Business
4451-K JOHN RHODES BLVD.
MELBOURNE, FL 32935

Mailing Address
4451-K JOHN RHODES BLVD.
MELBOURNE, FL 32935

FILED
04 AUG -9 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-12-04 90019-045 \$150.00



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3251881

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:

ROSARIO, JUAN
275 MCCLAIN DR.
WEST MELBOURNE, FL 32904

**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 \$550.00
Due by September 8, 2004**

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
ROSARIO, JUAN
1703 THRUSH DR
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

8/5/04
Date

Daytime Phone # _____

TRINAVOS INC.
4451 ENTERPRISE CT STE K
MELBOURNE. FL. 32935
321 255 5503

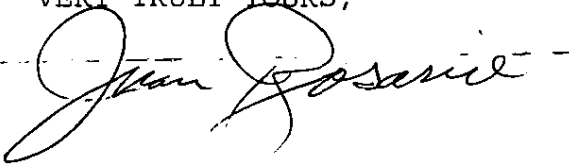
AUGUST 5, 2004

RE: UBR FOR TIRNAVOS, INC.

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND MY UNIFORM BUSINESS REPORT. I HAVE NEVER
RECEIVED A REMINDER FOR MY ANNUAL REPORT.

VERY TRULY YOURS,

A handwritten signature in cursive script, appearing to read "Jean Rosaric", is written over a horizontal dashed line.