2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P94000054219 DOCUMENT #

TIRNAVOS INC.



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

Zip

SIGNATURE

ROSARIO, JUAN

Mailing Address

4451-K JOHN RHODES BLVD.

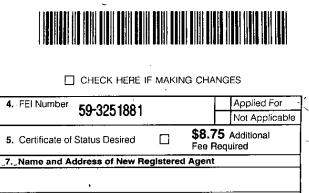
MELBOURNE FL 32935

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

Zip

Mar 17, 2003 8:00 am Secretary of State **FILED**

03-17-2003 91049 043 ***150.00



City	FL	Zip Code
The above named entity submits this statement for the purpose of changing its registered office or reg the obligations of registered agent.	gistered agent, or both, in the State of Florida. I am fan	niliar with, and accept

Country

Name

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

1783 THRUSH DR 275MCCLAINDA. MELBOURNE FL 32935 west melb Fl 3294

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

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE Delete TITLE ROSARIO, JUAN NAME NAME 1703 THRUSH DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZiP

CITY-ST-ZIP