2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/29/2005-90014-034-$150.00-$150.00

DOCUMENT # P94000058256

1. Entity Name
MR. TENNIS, INC.

FILED
05 NOV 21 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50058567

FEI/STATE/CW
(07082005) Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
9479 S DIXIE HWY MIAMI, FL 33156 US	9479 S DIXIE HWY MIAMI, FL 33156 US

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

4. FEI Number
65-0344171
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINS, RALPH
10905 SW 93RD ST.
MIAMI, FL 33176

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: Ralph Martins RALPH J. MARTINS 5/1/05
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 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINS, RALPH 10905 S.W. 93RD ST. MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500061687959 11/28/05--01003--010 **400.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Ralph J. Martins 5/1/05 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

11/15/05

FLORIDA DEPT OF STATE

I AM REQUESTING A REINSTATEMENT AT THIS TIME. ENCLOSED IS THE LATE FEE FOR $400.00.

THE REQUEST IS BEING MADE WITH CONSIDERATION OF TWO HURRICANES, KATRINA AND WILMA. IN KATRINA, I SUFFERED FLOOD LOSS, BOXES AND MERCHANDISE WERE FLOATING THROUGHOUT THE STORE. I WAS OUT OF BUSINESS FOR 5 DAYS.
IN WILMA I SUFFERED POWER INTERRUPTION FOR 7 DAYS.

AGAIN I ~~ASK~~ THE STATE FOR CONSIDERATION TO REINSTATE.

Ralph Martinez