

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000058924</b>               |  |
| <b>1. Entity Name</b><br><b>TITA'S, INC.</b> |                                                                                   |

|                                                                                                       |                                                                                                     |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br><b>1445 PENNSYLVANIA AVE</b><br><b>MIAMI BEACH, FL 33139 US</b> | <b>Mailing Address</b><br><b>720 NE 69TH ST</b><br><b>APT 19 NORTH</b><br><b>MIAMI, FL 33138 US</b> |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|



02232006 No Chg-P CR2E034 (11/05)

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|                                                                                                        |                                             |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>4. FEI Number</b><br><b>65-0595066</b>                                                              | <b>Applied For</b><br><b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                             |

|                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>HOGLE, TIMOTHY M</b><br><b>720 NE 69TH ST</b><br><b>APT 19 NORTH</b><br><b>MIAMI, FL 33138</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**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, 2006 Fee will be \$550.00**

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

| <b>10. OFFICERS AND DIRECTORS</b>                                              |                                                                                                      |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <b>PS</b><br><b>HOGLE, TIMOTHY M</b><br><b>720 NE 69TH ST APT 19 NORTH</b><br><b>MIAMI, FL 33138</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                                      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                                      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                                      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                                      |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                                                      |

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **TIMOTHY M. HOGLE** **2/23/06** **305 751 8**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #