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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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04302004 No Chg P CR2E034 (10/03) 03-04

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000047082

1. Entity Name
TATTOOS IN DA HOOD, INCORPORATED

Principal Place of Business	Mailing Address
4145 W. Vine St. Kissimmee, Fl 34741	4145 W Vine Street Kissimmee, Fl 34741

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0692527 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Robert Gonzalez
4145 W Vine Street
Kissimmee, Fl 34741

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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, 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	DP
NAME	Robert Gonzalez
STREET ADDRESS	4145 W Vine Street
CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE	D
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DV
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Robert Gonzalez 04-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/22