2008	FOR	PROFIT	' CORPOR	ATION
	A	NNUAL	REPORT	

DOCUMEN	IT # P96000084061
1. Entity Name , 🦯	ی اور
TYJL CORP.	



FILED Apr 17, 2008 08:00 A Secretary of State

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Principal Plac 479 NW 27 / MIAMI, FL 3	AVE	Aailing Address 479 NW 27 AVE MIAMI, FL 33125 US		· ·		
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			· –	04042008 No Chg-P	CR2E034 (11/05)	
Ľ	O NOT WRITE I	n This space	GE	4. FEI Number	Applied For	
				65-0700250 5. Certificate of Status Desire	Not Applicable	
	6. Name and Address of Current Regi	starad Acent			Fee Required	
TACHER, 479 NW 27 MIAMI, FL	MARIO 7 AVE			DO NOT N IN THIS S		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or both, in the State o	f Florida. I am familiar with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered agent and the	rf applicable. (NOTE: Registered	1 Agent signature required	when reinetating)	DATE	
	E NOWIII FEE 18 \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	~ _ ++.	00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS		••••••		
title Name '	TACHER, MARIO					
STREET ADDRESS	NESS 479 NW 27 AVENUE					
CITY-ST-ZIP TITLE	MIAMI, FL 33125				000901867 08-80083-017 150.00	
NAME				047 237	08780083701(180.00	
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NAME STREET ADDRESS						
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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.						
SIGNAT		NAME OF SIGNING OFFICER OR DIRECTI	DR		Daytime Phone #	
				,		