

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000071858

1. Entity Name
T.I.M.E.C. CORP.



Principal Place of Business
10101 W. OKEECHOBEE ROAD
21-201
HIALEAH GARDENS, FL 33016

Mailing Address
10101 W. OKEECHOBEE ROAD
21-201
HIALEAH GARDENS, FL 33016



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0780222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ARELLANO, KLEBER
10101 W. OKEECHOBEE RD.
21-201
HIALEAH GARDENS, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

U000000364980
05/09/05-80018-008 190.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ARELLANO, KLEBER
STREET ADDRESS 10101 W OKEECHOBEE RD, #21-201
CITY-ST-ZIP HIALEAH GARDENS, FL 33016

TITLE V
NAME LILIANA, CRESPO
STREET ADDRESS 8001 NW 36 ST #104
CITY-ST-ZIP MIAMI, FL 33166

TITLE
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)(f), 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: **KLEBER ARELLANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/02/05 305-821-4859

Date

Daytime Phone #