

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90006 035 ***150.00

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1. Entity Name

TGA BUSINESS MANAGEMENT CORPORATION



Principal Place of Business

2855 UNIVERSITY DR
#310 SUITE
CORAL SPRINGS, FL 33065

Mailing Address

2855 UNIVERSITY DR
#310 SUITE
CORAL SPRINGS, FL 33065

44014466



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0830965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERLO, ANDREW
2101 CORPORATE BLVD.
SUITE 325
BOCA RATON, FL 33431

**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 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 D
NAME SAWCZUK, JAROSLAW
STREET ADDRESS 9690 W. SAMPLE ROAD SUITE 203 *4201 NW 81 TERR*
CITY-ST-ZIP CORAL SPRINGS, FL 33067 *CORAL SPRINGS, FL 33065*

TITLE D
NAME PIKALI, ANDOR
STREET ADDRESS 9690 W. SAMPLE ROAD SUITE 203
CITY-ST-ZIP CORAL SPRINGS, FL 33067

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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X *02/27/04*

Date

Daytime Phone #