2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068931

1. Entity Name
TONTINE, INC.

Principal Place of Business	Mailing Address
3125 W. COMMERCIAL BLVD. SUITE 100 FT. LAUDERDALE, FL 33309	3125 W. COMMERCIAL BLVD. SUITE 100 FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0853282	Not Applicable

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

6. Name and Address of Current Registered Agent

DANZANSKY, BERNARD
3125 W. COMMERCIAL BLVD.
SUITE 100
FT. LAUDERDALE, FL 33309

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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, 2008 Fee will be $550.00

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

U000000303503
05/01/08-80057-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DANZANSKY, BERNARD
STREET ADDRESS	3125 W. COMMERCIAL BLVD., STE 100
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VPSD
NAME	KAHAN, DAVID
STREET ADDRESS	3125 W. COMMERCIAL BLVD., STE. 100
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	VPD
NAME	LEON, SCOTT
STREET ADDRESS	3125 W. COMMERCIAL BLVD., STE. 100
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
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 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: _____ DAVID KAHAN   4/17/08   954-548-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #