


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000034883**  
 1. Entity Name  
 T & T ORNAMENTAL, INC.



Principal Place of Business  
 2111 NW 139 STREET BAY 13  
 OPA LOCKA, FL 33054

Mailing Address  
 2111 NW 139 STREET BAY 13  
 OPA LOCKA, FL 33054

**DO NOT WRITE IN THIS SPACE**



01052007 \_\_\_ No Chg-P CR2E034 (11/05)

4. FEI Number 65-1041299	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMI, WELESLY  
 2111 NW 139 STREET  
 BAY 13  
 OPA LOCKA, FL 33054

**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: Wesly Rami Wesly Rami 12/31/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DAY

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMI, WELESLY 2111 NW 139 STREET BAY 13 OPA LOCKA, FL 33054
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U00000585702  
 01/16/07-80023-020 158.75

**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: Wesly Rami Wesly Rami 12/31/06 305-790-7279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #