

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075413

Entity Name: T & T AUTOMOTIVE, INC.

FILED  
Feb 16, 2006  
Secretary of State

## Current Principal Place of Business:

13044 PALM BEACH BLVD  
FORT MYERS, FL 33905

## New Principal Place of Business:

## Current Mailing Address:

13044 PALM BEACH BLVD  
FORT MYERS, FL 33905

## New Mailing Address:

FEI Number: 65-0943390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, NELSON  
195 KIRTLAND DR  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TORRES, NELSON  
Address: 195 KIRTLAND DR  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: TAVARES, JACINTO  
Address: 2119 NE 1ST TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON TORRES

D

02/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date