


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S26685</b> 1. Entity Name T.N.T. TRANSMISSION INC.	
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Principal Place of Business 1650 N.W. 27TH AVE. MIAMI, FL 33125	Mailing Address 1650 N.W. 27TH AVE. MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0238407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOREIRA, TOMAS N.  
1650 N.W. 27TH AVE.  
MIAMI, FL 33125

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature: typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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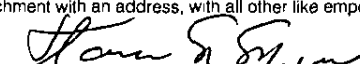
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOREIRA, TOMAS N. 1650 MW 27TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREIRA, TOMAS N 1650 NW 27TH AVE MIAMI, FL 33125
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03/06/07-80097-002-150.00

**DO NOT WRITE  
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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: x**  **02/15/07 (305) 638 0654**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #