## **FILED** 2005 FOR PROFIT CORPORATION Apr 22, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # S63711** 1. Entity Name TDI SERVICE INC. Principal Place of Business Mailing Address 8269 NW 64TH STREET 8269 NW 64TH STREET MIAMI, FL 33166 MIAMI, FL 33166 02172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0270559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAVIS, RICHARD A. DO NOT WRITE 5301 SW 86 WAY COOPER CITY, FL 33328 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TRAVIS, RICHARD A NAME STREET ADDRESS 5301 SW 86 WAY U00000323824 04/22/05-80064-021 150.00 CITY-ST-ZIP COOPER CITY, FL 33328 TITLE NAME TRAVIS, ROSANN STREET ADDRESS 5301 SW 86 WY CITY-ST-ZIP COOPER CITY, FL 33328 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP

4/18/05