2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| DOCUMENT # S71177 1. Entity Name TY, TY & TY, INC. | | | | | 07 JUL 30 PH 12: 49 | | |
|--|---|--|---|--|--|----------------------------|---------------------------|
| Principal Place of Business 10800 NW 103RD ST. SUITE #1 MIAMI, FL 33178 US | | Mailing Address 10800 NW 103RD ST. SUITE #1 MIAMI, FL 33178 US | | | LLAMASSEE, FLORIDA | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 07242007 Chg-P | CR2E034 (12/06) | |
| City & State | | City & State | | | 4. FEI Number 65-0278205 | <u> </u> | plied For t Applicable |
| _Zip_ | Country | Zip | Country | 1 | 5. Certificate of Status Desired | \$8.75 Add Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Re | gistered Agent | |
| TUATY, DANNY 10800 NW 103RD STREET #1 | | | Na Str | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI, FL | 33178 | | City | у | | FL Zip Code | ÷ |
| 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 | | | | | | | |
| Amended AR is \$61.25 9. Election Campaign Finance Trust Fund Contribution. | | | | \$5. Adde | . 00 May Be ☐ ☐ ☐ 1 ☐ 7 ≤ ed to Feee 7.07/0701061 | 167839 001 **61. | 25 |
| 10. | OFFICERS AND | | 11. | b | ADDITIONS/CHANGES TO OFFIC | <u>-</u> | |
| name Street adoress City-St-Zip | TUATY, DANNY | | | TUA 1080 | ITY, DAVID 10 NW 1031 Street 11, FL 33178 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-\$1-ZIP | D TUATY, GAY 10800 NW 103RD STREET MIAMI, FL 33178 | □ Delete | TITLE NAME STREET ADDI CITY-ST-ZIF | RESS LD80 | AVID BENSADON 10 NW 1031" Street UI, FL 33178 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | ☐ Delete TITLL NAM STRE | | | LOSO COBTI | NA TUATY ONW 103" Street 41, FL 33178 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDI CITY-ST-ZIP | D SHAI IU801 HIAA | NNON TUATY O NW 1031'd street UI,FL 33178 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | THLE NAME STREET ADDI CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDI CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| 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: 724 07 305 8058085 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dat | | | | | | | |

x 7/31