


FILED
Mar 26, 2007 8:00 am
Secretary of State

03-07-2007 90006 001 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V14431			
1. Entity Name TIRO BEACHWEAR, INC.			
Principal Place of Business 703 3RD AVE. NEW SMYRNA BEACH, FL 32169		Mailing Address 350 N CAUSEWAY NEW SMYRNA BEACH, FL 32169	
2. Principal Place of Business - No P.O. Box # 3001 N. Kings Hwy.		3. Mailing Address	
Suite, Apt. #, etc. # 2A		Suite, Apt. #, etc.	
City & State Myrtle Beach S.C.		City & State	
Zip 29577		Country	
4. FEI Number 59-3112134		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARABANI, MICHAEL 350 N CAUSEWAY NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHARABANI, MICHAEL W 350 N CAUSEWAY NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SHARABANI, ORIT 350 N CAUSEWAY NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>ORIT SHARABANI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Treasurer: <u>315107</u> 843-444-2676 <small>Title Daytime Phone #</small>	