


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90005 008 ***150.00

DOCUMENT # 404545					
1. Entity Name T.I.C. I-95 CORP.					
Principal Place of Business STE 105 1428 BRICKELL AVE MIAMI, FL 33131-0494			Mailing Address STE 105 1428 BRICKELL AVE MIAMI, FL 33131-0494		
2. Principal Place of Business - No P.O. Box # 4400 BISCAYNE BOULEVARD		3. Mailing Address 4400 BISCAYNE BOULEVARD			
Suite, Apt. #, etc. SUITE 950		Suite, Apt. #, etc. SUITE 950			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33137 3212	Country USA	Zip 33137 3212	Country USA	4. FEI Number 59-1410416	
				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 HALPRYN, ERNEST M. 1428 BRICKELL AVE #105 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name HALPRYN, ERNEST M. Street Address (P.O. Box Number is Not Acceptable) 4400 BISCAYNE BOULEVARD SUITE 950 City MIAMI FL Zip Code 33137 3212		
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: ERNEST M. HALPRYN <i>(Signature)</i>			DATE: 03/26/2007		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 1428 BRICKELL AVE #105 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CABRERA, MARLENE 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, ERNEST M 1428 BRICKELL AVE #105 MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, ERNEST M. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST D HALPRYN, GLENN L. 1428 BRICKELL AVE #105 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD HALPRYN, GLENN L. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPRYN, GLENN L 1428 BRICKELL AVE #105 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, NOAH M. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137 3212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, NOAH M 1428 BRICKELL AVE, 105 MIAMI, FL 33131	<input checked="" 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.					
SIGNATURE: ERNEST M. HALPRYN <i>(Signature)</i>			DATE: 03/26/2007 305-573-4112		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					