

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90020 006 \*\*\*150.00

**DOCUMENT # 404545**

1. Entity Name  
 T.I.C. I-95 CORP.



Principal Place of Business  
 4400 BISCAYNE BOULEVARD  
 SUITE 950  
 MIAMI, FL 33137-3212

Mailing Address  
 4400 BISCAYNE BOULEVARD  
 SUITE 950  
 MIAMI, FL 33137-3212

**40052945**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-1410416**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPRYN, ERNEST M.  
 4400 BISCAYNE BOULEVARD SUITE 950  
 MIAMI, FL 33131

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS  Delete  
 NAME CABRERA, MARLENE  
 STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950  
 CITY-ST-ZIP MIAMI, FL 331373212

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  Delete  
 NAME HALPRYN, ERNEST M  
 STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950  
 CITY-ST-ZIP MIAMI, FL 331373212

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VSTD  Delete  
 NAME HALPRYN, GLENN L.  
 STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950  
 CITY-ST-ZIP MIAMI, FL 331373212

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME HALPRYN, GLENN L  
 STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950  
 CITY-ST-ZIP MIAMI, FL 331373212

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME SILVER, NOAH M  
 STREET ADDRESS 1428 BRICKELL AVE, 105  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Ernest M. Halpryn ERNEST M. HALPRYN, PRESIDENT 3/13/2008 (305) 573-4112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #