

## **WEB FORM** COPY

## STATE OF ARIZONA **CORPORATION COMMISSION CORPORATION ANNUAL REPORT** & CERTIFICATE OF DISCLOSURE





**DUE ON OR BEFORE** 12/15/2008

FILING FEE \$45.00

PLEASE READ ALL INSTRUCTIONS.	The following information	is required by A.R.S. §§10-1	622 & 10-11622 for all corporations
organized pursuant to Arizona Revised	Statutes, Title 10. The	Commission's authority	to prescribe this form is A.R.S.
§§10-121(A) & 10-3121(A). YOUR RE	PORT MUST BE SUBMITTE!	ON THIS ORIGINAL FORM.	Make changes or corrections where
necessary. Information for the report s	should reflect the current sta	itus of the corporation.	

neces	ssary. Information for the r	eport should reflect the ce	urrent status of the corporation.	
	-1249026-8			RECEIFES
	TITAN RESTORAT	ION OF TUCSON, IN	ic.	
1.	3443 W COURTNE		10.	NOV 2 0 2008
	TUCSON, AZ 8574			MOA 2 0 5000
	10030N, AZ 6574	1		
				ARIZONA CORP COMMISSION
				Assistant Market Control (MAISISIA)
		/#50) 000 JDG/	(Business phone is optional.)	
	Business Phone: _			
	State of Domicile: _	ARIZONA	Type of Corporation: BUSINE	85
2.				
	Statutory Agent: RC	Y M ALVAREZ JR	Physical Address, If Diffe	rent.
	· -	43 W COUTNEY CROSSING L		••••
	City, State, Zip: TU		City, State, Zip:	
	ony, onato, Esp. 10		ony, oute, zip.	
	ACC USE ONLY			
	r #		statutory agent, the new agent MU	ST consent to that
	Fee \$	appointment by sig	ning below.	
	Penalty \$		ration or limited liability company) having beel	
	Boinstate	do hereby consent to this ap	ppointment until my removal or resignation pu	rsuant to law.
	Reinstate\$			
	Expedite \$	Signat	ure of new Statutory Agent	
	Resubmit\$			
	Resubilita	Printed	Name of new Statutory Agent	
			, V	
3. S	econdary Address:			
· · ·				
(F	oreign Corporations are REC			
L	to complete this section	<u>}</u>		
4.			s the CHARACTER OF BUSINESS	
	BUSINESS CORF			IT CORPORATIONS
	<ul><li>1. Accounting</li><li>2. Advertising</li></ul>	☐ 20. Manufacturing ☐ 21. Mining	1. ⊑ Char 2. ⊏ Bene	
	☐ 3. Aerospace	22. News Media	3. 🖂 Educ	
	🗖 4. Agriculture	🗖 23. Pharmaceutical	4. 🗏 Civio	•
	5. Architecture	24. Publishing/Printing	5. 🖃 Poliji	ical
	<ul> <li>☐ 6. Banking/Finance</li> <li>☐ 7. Barbers/Cosmetology</li> </ul>		6. □ Relig	
	☐ 8. Construction	☐ 27. Restaurant/Bar	7. <u>⊏</u> Soci 8. <u>⊏</u> Liten	
	9. Contractor	□ 28. Retail Sales	9. 🗀 Cultu	
	10. Credit/Collection	29. Science/Research	10. 🚾 Athle	tic
	11. Education	30. Sports/Sporting Events		nce/Research
	12. Engineering	31. Technology(Computers)     32. Technology(Conputers)		oital/Health Care
	☐ 13. Entertainment ☐ 14. General Consulting	☐ 32. Technology(General) ☐ 33. Television/Radio	13. 🚍 Agric	cultural nai Husbandry
	15. Health Care	34. Tourism/Convention Ser	vices 15. 🗂 Hom	eowner's Association
	16. Hotel/Motel	🔁 35. Transportation	16. 👝 Profe	essional, commercial
	17. Import/Export	36. Utilities		strial or trade association
	18. Insurance	37. Veterinary Medicine/Anir	mal Care 17. 🚾 Othe	r

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	<u>TALIZATION:</u> ss trusts must ind				REQUIRED to complete this section.)  / trustees evidencing their beneficial interes	, st in the !
		TOR TYPE CLEARLY.				
5a.				ncorporation	for the amount of shares authorized.	
Numbe	or of Shares/Cert	ificates Authorized	Class	•	Series Within Class (if any)	
Numbe	or Original Carollin	ilicates Authorizeu	Class		Genes viumi Class (ii any)	
	100,000		Common			
5b.		poration amendments inutes for the number of			ll number of shares has changed. E	xamine
Numbe	er of Shares/Cert	ificates <b>Issued</b>	Class		Series Within Class (if any)	
	1,000		Common	,		
6 SHA	REHOLDERS:	(For-profit Corporation	s and Business	Trusts are R	EQUIRED to complete this section.)	
List sha			y class of share	s issued by th	ne corporation, or having more than a 20	% bene
	Name:	Roy Alvarez		Name:		
NONE						
	Name:	Antionette Alvarez		Name:		_
7. <u>OFF</u>	ICERS PLEAS	SE TYPE OR PRIN	T CLEARLY	. YOU MU	ST LIST AT LEAST ONE.	
Name:	ROY M AL	VAREZ JR		Name:	ANTIONETTE ALVAREZ	
Title:	PRESIDEN	NT		Title:	SECRETARY	
Addres	s: <u>1379 W Cad</u>	ctus Bloom Way		Address	: 1379 W Cactus Bloom Way	
	Oro Valley,	AZ 85737			Oro Valley, AZ 85737	
Date ta	king office: <u>12/</u> 1	5/2005	Dat	e taking offic	e: 12/15/2005	
Name:				Name:		
Title:				Title:		
۸۵۵۲۵۵	•			Addroon		
Addres	s			Aduress	:	
Date ta	king office:		Dat	e taking offic	e:	
8. DIRE	ECTORS PLEA	ASE TYPE OR PRI	NT CLEARL	Y. YOU M	UST LIST AT LEAST ONE.	
	Roy Alvare:					
		ctus Bloom Way				
		AZ 85737				
Date ta	king office: 12/1	15/2005	Dat	e taking offic	e:	
Name:	•			Name:		
					:	
Date to	king office:		Dat	e takina offic	e:	
AR:0046			Dat	o taking onlo	Arizona Corporation Commissio Corporations Division	n

-1249026-8

TITAN RESTORATION OF TUCSON, INC.

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Plea	Please Enter Corporation Name: TITAN RESTORATION OF TUCSON, INC. File number1249026-8 Page 3						
Non state	9. <u>FINANCIAL DISCLOSURE</u> (A.R.S. §10-11622(A)(9))  Nonprofits — if your annual report is due on or before September 25, 2008, you <u>must attach</u> a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.						
		ONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION IBERS (A.R.S. §10-11622(A)(6))	<u>N</u>	This corporation	DOES 🔲 D	OES NOT[	have members.
Has A	ANY p olling	IFICATE OF DISCLOSURE (A.R.S. §§10-1622(A)(8) & 10-1162 person serving, either by election or appointment, as an officer, dire or holding more than 10% of the issued and outstanding common poration been:	ecto	r, trustee, incorporato	r , and, for Fo er proprietary	r-profit corpo , beneficial or :	rations, any person membership interest
<ol> <li>2.</li> <li>3.</li> </ol>	<ol> <li>Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?</li> <li>Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?</li> </ol>						
		YES", the following information must be submitted as an attacked in Items 1. through 3. above.	hm	One box musent to this report for ea			
	2. 3.	Full birth name.  Full present name and prior names used.  Present home address.  All prior addresses for immediate preceding 7 year period.		Date and location of b The nature and des action; the date and involved; and the file o	cription of ea location; the	court and pu	ublic agency
11. <u>S</u>	TAT	EMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§10-2	202	(D)(2), 10-3202(D)(2)	, 10-1623 & 1	10-11623)	
A).							
	2.	Whether any such person has been an officer, director, trustee of		-	ny other corpo	oration within	one year of the
		bankruptcy or receivership of the other corporation. If so, for each	ch s	uch corporation give:			
		<ul><li>(a) Name and address;</li><li>(b) States in which it: (i) Was incorporated. (ii) Transact</li><li>(c) Dates of operation.</li></ul>	ctec	business.			
В).	cor	s any <u>person</u> serving as an officer, director, trustee or incorporator introlled over 20% of the issued and outstanding common shares, c her corporation that has been placed in bankruptcy or receivership	or 20	the corporation served 0% of any other propri	l in any such d etary, benefic	al or member	rship interest in any
		Yes" to B, the following information must be submitted as ar		One box must be material be made to this report to this report to the control of		YES 🖸 son subject t	
		(a) Name and address. (b) States in which it: (i) Was incorporated. (ii) Transaction.					
12. <u>SIGNATURES:</u> Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.  I declare, under penalty of law, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.							
Nam	e	Date 118-08 Name				Date	
Name Antionette Alvuez Date 11-18-08 Name Date  Signature Signature Title Title							
Title		Vice President Title  (Signator(s) must be duly authorized corporate	Off	icer(s) listed in secti	on 7 of this	report \	

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