


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90042 008 \*\*\*150.00

**DOCUMENT # L39012**  
 1. Entity Name  
**TESSI GARCIA & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 351 ALTARA AVENUE      351 ALTARA AVENUE  
 CORAL GABLES, FL 33146 US      CORAL GABLES, FL 33146 US

40002093



2. Principal Place of Business      3. Mailing Address  
 888 Brickell Key Dr      888 Brickell Key Drive  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 412      412

01112005      Chg-P      CR2E034 (10/03)

City & State      City & State  
 Miami Florida      Miami Florida  
 Zip      Country      Zip      Country  
 33131      USA      33131      USA

4. FEI Number      Applied For  
 65-0179181      Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired  \$8.75 Additional Fee Required

GARCIA, TESSI  
 351 ALTATA AVENUE  
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent  
 Name      TESSI GARCIA  
 Street Address (P.O. Box Number is Not Acceptable)      888 BRICKELL KEY DRIVE STE. 412  
 City      MIAMI      FL      Zip Code      FL

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      TESSI GARCIA      TESSI GARCIA      1-11-05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PST	<input type="checkbox"/> Delete
NAME	GARCIA, TESSI MISS	
STREET ADDRESS	888 BRICKELL KEY DR APT 412	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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      TESSI GARCIA      TESSI GARCIA      1-11-05