## 2004 FOR PROFIT CORPORATION

## Apr 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000094810 1. Entity Name TELE-ENVIOS INTERNATIONALES, INC. Principal Place of Business Mailing Address 901 N. DIXIE HIGHWAY 901 N. DIXIE HIGHWAY SUITE 5 SUITE 5 LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1048410 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOMINGUEZ, CARLOS A DO NOT WRITE 14 VIA DE CASASSUR, APT. 104 BOYNTON BEACH, FL 33426 IN THIS SPACE 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DOMINIGUEZ, CARLOS A NAME STREET ADDRESS 14 VIA DE CASASSUR, APT. 104 CITY-S1-ZIP BOYNTON BEACH, FL 33426 U00000137748 04/29/04-80052-017 150.**0**0 TITLE STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE DILE NAME STREET ADDRESS CITY ST-ZIP To Fa STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 annowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add

SIGNATURE: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF NING OFFICER OR DIRECTOR

**FILED**