


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90009 001 ***150.00

DOCUMENT # P03000113626

1. Entity Name
TELA ENTERPRISES, INC.



Principal Place of Business
**3220 SW 97TH AVE.
 MIAMI, FL 33165**

Mailing Address
**3220 SW 97TH AVE.
 MIAMI, FL 33165**

94055014



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**MEJIA, FERNANDO A
 3220 SW 97TH AVE.
 MIAMI, FL 33165**

4. FEI Number
09-0113904 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00~~

9. Election Campaign Financing Trust Fund Contribution. ~~\$5:00 May Be Added to Fees~~

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERNANDO, MEJIA	
STREET ADDRESS	3220 SW 97TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALTAMIRANO, JUAN	
STREET ADDRESS	3220 SW 97TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, MAINOR	
STREET ADDRESS	3220 SW 97TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33165	
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:  **03/13/04 (305) 4940586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #