FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
05 MAR -2 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072142

1. Entity Name

TESH CORP

DO NOT WRITE IN THIS SPACE

02/21/05 80029 006 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4445 NORTH JEFFERSON AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State
Zip: 33140 / Country	Zip / Country

4. FEI Number: 20-1087960 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ELIAS OBADIA

Street Address (P.O. Box Number is Not Acceptable): 4445 N Jefferson Ave.

City: Miami Beach FL Zip Code: 33140

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 _____ Feb 28th 2005

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR
NAME	ELIAS OBADIA
STREET ADDRESS	4445 N JEFFERSON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140
TITLE	VICE PRESIDENT/DIRECTOR
NAME	FLORA SERRUYA
STREET ADDRESS	4445 N JEFFERSON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

TITLE	
NAME	
STREET ADDRESS	U00000236701
CITY-ST-ZIP	02/21/05-80029-006 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ELIAS OBADIA Feb 17th 2005 305-502 3876

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