## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an addr

SIGNATURE:

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P94000007953 1. Entity Name 04-18-2007 90176 024 \*\*\*150.00 TELONFA CORP. Principal Place of Business Mailing Address 575 CRANDON BLVD. % FRANK QUESADA ESQ. 1313 PONCE DE LEON BLVD. STE. 200 KEY BISCAYNE FL 33149 CORAL GABLES FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 101 Gandon Boulevare 101 Gandon Boulevan Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 177 111 City & State City & State 4. FEI Number Applied For 65-0464330 Key Biscar Key Blocar Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33144 33149 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUESADA, G. FRANK 1313 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 200 CORAL GABLES FL 33134 City 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete IIII Change RIANO, GUSTAVO T rellez, bustavo NAME 101 Candon Boulevard 575 CRANDON BLVD., APT. 44 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY - ST-7IP CITY ST-7IP Change ☐ Delete THEF TITLE Addition FRANK, QUESADA G NAME NAME 1313 PONCE DE LEON BLVD SUITE 200 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CHY-S1-ZIP CITY ST ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-7IP Defete [] Change ☐ Addition TITLE TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal offect 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 is the port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is the port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is the port of the port of

er like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**