


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90069 001 ***450.00

DOCUMENT # P96000052650	
1. Entity Name TERAHEN, INC.	

Principal Place of Business KENDALL PARK APTS, OFFICE 7713 NO. KENDALL DR MIAMI, FL 33156 US	Mailing Address 1108 VALENCIA AVENUE CORAL GABLES, FL 33134
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2. Principal Place of Business CORAL POINT APTS	3. Mailing Address
Suite, Apt. #, etc. 8585 NW 6 LANE	Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State MIAMI	City & State
Zip 33126	Country DADE

4. FEI Number 65-0676091	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
SHELTON, TERESITA 1108 VALENCIA AVE. CORAL GABLES, FL 33134	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHELTON, TERESITA		NAME	
STREET ADDRESS 1108 VALENCIA AE.		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES, FL 33134		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAS, ENRIQUE R		NAME	
STREET ADDRESS 6333 SUNSET DR		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALAS, RAUL E		NAME	
STREET ADDRESS 6333 SUNSET DR		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNACE, TERESITA		NAME	
STREET ADDRESS 6333 SUNSET DR		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *T. Shelton* President 1-21-04 305-775-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #