


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90161 001 \*\*\*300.00

**DOCUMENT # P96000052650**

1. Entity Name  
**TERAHEN, INC.**



Principal Place of Business *The gatehouse* Mailing Address  
~~CORAL POINTS APTS~~ *18302 NW 68th* 1108 VALENCIA AVENUE  
~~8595 NW 6 LANE~~ *MIAMI, FL 33015* CORAL GABLES, FL 33134  
~~MIAMI, FL 33126~~ US

**DO NOT WRITE IN THIS SPACE**

**66002367**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0676091** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHELTON, TERESITA  
 1108 VALENCIA AVE.  
 CORAL GABLES, FL

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SHELTON, TERESITA
STREET ADDRESS	1108 VALENCIA AE.
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	SALAS, ENRIQUE R
STREET ADDRESS	6333 SUNSET DR
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	D
NAME	SALAS, RAUL E
STREET ADDRESS	6333 SUNSET DR
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	D
NAME	BERNACE, TERESITA
STREET ADDRESS	6333 SUNSET DR
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Teresita Shelton P.* 2/16/05 305-775-8174  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #