

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-26-2004 90028 022 ***150.00

DOCUMENT # P92000006561

1. Entity Name
TIERRA, INC.



Principal Place of Business
**7805 PROFESSIONAL PLACE
TAMPA, FL 33637**

Mailing Address
**7805 PROFESSIONAL PLACE
TAMPA, FL 33637**

94020636



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3154723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAHIQUEZ, LUIS F
7805 PROFESSIONAL PLACE
TAMPA, FL 33637**

**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

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
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	PTD
NAME	MAHIQUEZ, LUIS F
STREET ADDRESS	7805 PROFESSIONAL PLACE
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	VS
NAME	ROBERTSON, MARGARET A.
STREET ADDRESS	2701 ROWLAND RD., SUITE 207
CITY-ST-ZIP	RALEIGH, NC
TITLE	V
NAME	JEAN, HENRI V
STREET ADDRESS	7805 PROFESSIONAL PLACE
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	V
NAME	KRISHNASAMY, RAJ
STREET ADDRESS	1100 BARNET DR., UNIT 35
CITY-ST-ZIP	LAKE WORTH, FL 33461
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)(l), 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:

LUIS F. MAHIQUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04

313-989-1354