

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 478903

1. Entity Name
TELESOUND SYSTEMS CORPORATION



Principal Place of Business
8422 NW 56TH ST
MIAMI, FL 33166

Mailing Address
8422 NW 56TH ST
MIAMI, FL 33166

Florida Department of State
Division of Corporations
P.O. Box 6327

04 MAR - 8 PM 4:29
Tallahassee, FL 32394
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1680989

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PADRON, PETER E.
10811 S.W. 33RD ST.
MIAMI, FL 33165

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BALBOA, RAMON J
12910 SW 107 TERRACE
MIAMI FL,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PADRON, PETER E.
10811 SW 33RD STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600030301726
03/11/04--01033--006 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ramon J. Balboa

3/8/04

352-592-9192