

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90051 019 \*\*\*150.00

**DOCUMENT # 614790**

1. Entity Name

TRACTOAMERICA, INC.



Principal Place of Business

8130 NW 58TH STREET  
MIAMI FL 33166

Mailing Address

8130 NW 58TH STREET  
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.  
**Our New Address:**  
**Tractoamerica, Inc.,**  
**8055 NW 77 Ct. #5**  
**Miami, FL 33166**

Suite, Apt., etc.  
**Our New Address:**  
**Tractoamerica, Inc.,**  
**8055 NW 77 Ct. #5**  
**Miami, FL 33166**

Zip

Country

Zip

Country

4. FEI Number

59-1918553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERAN, ROGER F  
8130 NW 58TH STREET  
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

**Our New Address:**  
**Tractoamerica, Inc.,**  
**8055 NW 77 Ct. #5**  
**Miami, FL 33166**

**Our New Address:**  
**Tractoamerica, Inc.,**  
**8055 NW 77 Ct. #5**  
**Miami, FL 33166**

City

FL

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	TERAN, ROGER	
STREET ADDRESS	8130 NW 58 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TERAN, ROGER F.	
STREET ADDRESS	8130 NW 58 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERAN, NELDA	
STREET ADDRESS	8130 NW 58TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERAN, MAURICIO	
STREET ADDRESS	8330 NE, 58TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TERAN, ANABEL	
STREET ADDRESS	8130 N.W. 58TH ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Our New Address:</b> <b>Tractoamerica, Inc.,</b> <b>8055 NW 77 Ct. #5</b> <b>Miami, FL 33166</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 4/1/04 305-477-8000