

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90038 017 ***150.00

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1. Entity Name
TERESI PUBLICATIONS, INC.



Principal Place of Business
2400 LAGUNA DR.
FT. LAUDERDALE, FL 33316

Mailing Address
2400 LAGUNA DR.
FT. LAUDERDALE, FL 33316



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2076094

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TERESI, JOSEPH
2400 LAGUNA DR.
FT. LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

B. 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	TERESI, JOSEPH
STREET ADDRESS	2400 LAGUNA DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	PS
NAME	TERESI, ELLEN
STREET ADDRESS	2400 LAGUNA DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	V
NAME	DAVIS, ROBERT
STREET ADDRESS	28210 DOROTHY DR.
CITY-ST-ZIP	AGOURA HILLS, CA 91301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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

Robert Davis, VP

Date

Daytime Phone #

4/14/08 (818) 889-8740