

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H30949**

**1. Entity Name**  
TELSON, INC.



**Principal Place of Business**  
1000 S. POINTE DRIVE  
APT 3301  
MIAMI BEACH, FL 33139-7309 US

**Mailing Address**  
1000 S. POINTE DRIVE  
APT 3301  
MIAMI BEACH, FL 33139-7309 US

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2466642	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

HERZBERG, SAM  
1000 S. POINTE DRIVE  
APT 3301  
MIAMI BEACH, FL 33139-7309

**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 re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

01/20/06-80048-015 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	HERZBERG, SAM
<b>STREET ADDRESS</b>	1000 S. POINTE DRIVE, APT 3301
<b>CITY-ST-ZIP</b>	MIAMI BEACH, FL 331397309

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

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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

Date

Daytime Phone #

1/12/06