
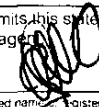
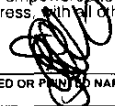


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90031 018 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                |                                                                                                                                                                                                                                |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # K36163</b><br>1. Entity Name<br>TEQUENDAMA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                                |                                                                                                                                                                                                                                |  |  |
| Principal Place of Business<br>10855 SUNSET DR.<br>MIAMI, FL 33173                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                | Mailing Address<br>7220 NW 36TH ST<br>SUITE 510<br>MIAMI, FL 33166                                                                                                                                                             |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>SAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | 3. Mailing Address<br><b>7220 NW 36 street</b> |                                                                                                                                                                                                                                |                                                                                   |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | Suite, Apt. #, etc.<br><b>315</b>              |                                                                                                                                                                                                                                |                                                                                   |  |
| City & State<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | City & State<br><b>MIAMI, FL</b>               |                                                                                                                                                                                                                                | 4. FEI Number<br><b>65-0080503</b>                                                |  |
| Zip<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      | Zip<br><b>33166</b>                            |                                                                                                                                                                                                                                | Country<br><b>USA</b>                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                |                                                                                                                                                                                                                                | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br>GALLO, GLORIA C<br>7220 N.W. 36TH STREET<br># 510<br>MIAMI, FL 33166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                | 7. Name and Address of New Registered Agent<br>Name <b>GALLO GLORIA C</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7220 NW 36 Street</b><br><b>315</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b> |                                                                                   |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      | <b>GLORIA GALLO REGISTERED AGENT</b>           |                                                                                                                                                                                                                                | <b>04/08/08</b>                                                                   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      | DATE                                           |                                                                                                                                                                                                                                |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                         |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                   |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>GALLO, GLORIA C<br>13300 NW 10TH ST<br>SUNRISE, FL 33323        | <input type="checkbox"/> Delete                |                                                                                                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>GALLO, GLORIA C<br>13300 NW. 10TH STREET<br>SUNRISE, FL 33325  | <input type="checkbox"/> Delete                |                                                                                                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SEC<br>GALLO, GLORIA C<br>13300 NW. 10TH STREET<br>SUNRISE, FL 33325 | <input type="checkbox"/> Delete                |                                                                                                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                |                                                                                                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                |                                                                                                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                |                                                                                                                                                                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete                |                                                                                                                                                                                                                                |                                                                                   |  |
| 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. |                                                                      |                                                |                                                                                                                                                                                                                                |                                                                                   |  |
| <b>SIGNATURE:</b>  <b>PRESIDENT</b> <b>04/08/08</b> <b>205 930101</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                                |                                                                                                                                                                                                                                |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                |                                                                                                                                                                                                                                |                                                                                   |  |

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04082008 Chg-P CR2E034 (12/06)