

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36163

Entity Name: TEQUENDAMA, INC.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

10855 SUNSET DR.
MIAMI, FL 33173

New Principal Place of Business:

10855 SW 72 STREET
MIAMI, FL 33173

Current Mailing Address:

7220 NW 36 STREET
315
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0080503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLO, GLORIA C
7220 NW 36 STREET
315
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLO, GLORIA C
Address: 13300 NW 10TH ST
City-St-Zip: SUNRISE, FL 33323 US

Title: VP () Delete
Name: GALLO, GLORIA C
Address: 13300 NW. 10TH STREET
City-St-Zip: SUNRISE, FL 33325

Title: SEC () Delete
Name: GALLO, GLORIA C
Address: 13300 NW. 10TH STREET
City-St-Zip: SUNRISE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLO, GLORIA C
Address: 7220 NW 36 STREET #315
City-St-Zip: MIAMI, FL 33166 US

Title: VP (X) Change () Addition
Name: GALLO, LUIS F
Address: 7220 NW 36 STREET #315
City-St-Zip: MIAMI, FL 33166 US

Title: SEC (X) Change () Addition
Name: GALLO, LUIS F JR.
Address: 7220 NW 36 STREET #315
City-St-Zip: MIAMI, FL 33166 US

Title: TREA () Change (X) Addition
Name: GALLO, IVON
Address: 7220 NW 36 STREET #315
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS GALLO

VP

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date