2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # K51899

1. Entity Name
TENERLING, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE STE 711 CORAL GABLES, FL 33134 US	201 ALHAMBRA CIRCLE STE 711 CORAL GABLES, FL 33134 US

04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0100240
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R.
201 ALHAMBRA CIR, STE 711
SUITE 502
CORAL GABLES, FL 33134

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000939196
05/28/08-80018-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIERRA, ELKIN
STREET ADDRESS	201 ALHANBRA CIR, STE 711
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DS
NAME	SIERRA, SONIA
STREET ADDRESS	201 ALHAMBRA CIR, STE 711
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	AS
NAME	RAPPORT, STEPHEN R.
STREET ADDRESS	201 ALHAMBRA CIR, STE 711
CITY-ST-ZIP	CORAL GABLES, FL
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: X _____ A.S. 04/30/2008 305 444-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #