


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90042 008 \*\*\*150.00

<b>DOCUMENT # L39012</b>	
1. Entity Name <b>TESSI GARCIA &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>351 ALTARA AVENUE CORAL GABLES, FL 33146 US</b>	Mailing Address <b>351 ALTARA AVENUE CORAL GABLES, FL 33146 US</b>
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**40002093**



2. Principal Place of Business <b>888 Brickell Key Dr</b> Suite, Apt. #, etc. <b>412</b>	3. Mailing Address <b>888 Brickell Key Drive</b> Suite, Apt. #, etc. <b>412</b>
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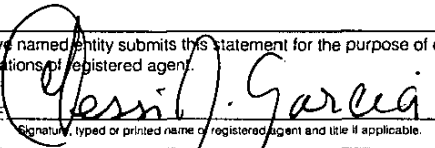
01112005 Chg-P CR2E034 (10/03)

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33131</b>	Country <b>USA</b>

4. FEI Number <b>65-0179181</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>GARCIA, TESSI 351 ALTARA AVENUE CORAL GABLES, FL 33146</b>	7. Name and Address of New Registered Agent Name <b>Tessi Garcia</b> Street Address (P.O. Box Number is Not Acceptable) <b>888 Brickell Key Drive STE. 412</b> City <b>Miami</b> FL Zip Code <b>FL</b>
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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.
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE <b>1-11-05</b> (NOTE: Registered Agent signature required when reinstating)
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GARCIA, TESSI MISS 888 BRICKELL KEY DR APT 412 MIAMI, FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  **1-11-05 305-858-1008**